



Bureau of Fire Prevention of the Borough of Englishtown

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Ken Marr, Jr., Fire Marshal



**EMERGENCY INFORMATION FORM
(Life Hazard Use)**

{PLEASE TYPE OR PRINT INFORMATION CLEARLY}

Business Name (or DBA)

1. Date of Application _____ 2. Block: _____ Lot: _____

3. Name of Business _____

4. Physical Address of Business _____

5. Name of Shopping Center or Office Building _____

6. Premises Phone Number _____

7. NJ Life Hazard Use (LHU) Registration # _____ Use Type: _____

Business Information (check one): Corporation LLC Partnership Individual Non-Profit

1. Registered Name _____

2. Mailing Address _____

3. City, State, Zip _____

4. Phone _____ Email _____

5. Business Fed ID#: _____

Business Owner Personal Information

1. Business Owner's Name _____

2. Business Owner's Home Address _____

3. Business Owner's City, State, Zip _____

4. Business Owner's Phone _____ Email _____

Send Mail To (check one): Property Building Owner Business Owner Property Manager

Landlord/Building Owner and, if applicable, Property Manager Information

- 1. Landlord Name _____
- 2. Landlord Mailing Address _____
- 3. Landlord Phone _____ Fed ID #: _____
- 4. Property Manager Company _____
- 5. Property Manager Address _____
- 6. City, State, Zip _____
- 7. Property Manager Contact _____ Phone _____

Name & Phone of Key Holders for Emergencies After Hours:

- Contact #1 Name: _____ Phone: _____
- Contact #2 Name: _____ Phone: _____
- Contact #3 Name: _____ Phone: _____

Insurance Company Information:

- 1. Insurance Company _____
- 2. Address _____
- 3. Phone _____ Agent: _____

Business Use Information

- 1. Occupancy Load _____ 2. Construction Use Group Class _____ 3. LHU Group _____
- 4. Type of Use (see attached) _____
- 5. Describe what your business does: _____
- 6. Describe any proposed construction, alterations, additions or changes to the site

- 7. Are Hazardous Materials stored on premises? No Yes (If yes, provide MSDS)
- 8. Number of stories of your business _____ Square Footage by floor _____
- 9. Type of Construction _____
- 10. Truss Construction (check one): ___ Roof ___ Floor ___ Floor & Roof

11. Heating System: ___ Gas ___ Oil ___ Electric ___ Other _____

Type: ___ Hot Air ___ Hot Water ___ Steam

12. Do you have a Fire Sprinkler System? ___ Yes ___ No.

Description _____ F.D. Connection _____ Stand Pipe System _____

Standpipe Location _____ F.D. Connection _____

13. Do you have a Kitchen Hood Suppression System? ___ Yes ___ No

14. Do you have a Fire Alarm System? ___ Yes ___ No

Smoke Detectors _____ Heat Detectors _____

15. Alarm Company Name _____

16. Alarm Company Phone _____

17. KNOX BOX _____

18. Building Length _____ Width _____ Height _____

19. Basement _____ Attic _____

20. Roof Construction _____ Floor Construction _____

Utilities Location

1. Water Meter-

2. Electric Meter-

3. Gas Meter-

4. Heating System-

5. Electrical Service-

I hereby acknowledge that I have read this application, that the information given is correct & that I am the owner or duly authorized to act on the owner's behalf.

Print Name Title

Signature Date

Type of Business:

Agriculture

Assembly

Business – Places where services are provided.

Children's Camp

Day Care Adult/Children

Eating/Drinking

Explosives

Flammables

Fuel Distribution/Storage

High Rise/Covered Mall/Atrium

Institutional

Lodging

Manufacturing

Auto/Motor Repair

Recreational Retail/Mercantile – Places where goods are displayed and sold.

School/Education

Spraying

Storage/Warehouse

Welding