



City of Lambertville Fire District #1

Bureau of Fire Safety
230 North Main Street
Lambertville, N.J. 08530



Frank J Ur Fire Marshal

Life Hazard Registration

Section 1: Name of Business / Organization Location Information

Block:	Lot:	Federal Employer Number: (Tax ID)
Municipal Tax Account Number:		
Name:		Address:
City:	Suite #:	
State:	Zip Code:	Business Phone"

Business / Organization Ownership Type: Corporation Individual Partnership Condominium
 Cooperative Government LLC Other

Section 2: Owner of Business (Owners Home Mailing Address and contact info of the owner)

Name:		Address:	
City:	County:	State:	
Zip Code:	Phone:	Email:	



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Section 3: Applicant & Mailing Address (Indicate the Mailing Address For this Organization)

Name:		Address:	
City:		County:	State:
Zip Code:	Phone:	Email:	

Section 4: Building Owner/Landlord

Name:		Address:	
City:		County:	State:
Zip Code:	Phone:	Email:	

Section 5: Describe Business Use: _____

Section 6: Does your location have any of the following:

- Cooking Hood
- Elevator
- Fire Alarm
- Fire Sprinkler
- Standpipe
- Generator
- Other [Explain] _____



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Section 7: Emergency Contact (Must be different from owner)

Name:	Phone:	Email:
Name:	Phone:	Email:

Section 8: Building Information

Date Built:	Number Of Stories:	Total Square Footage:
Maximum Occupancy:	Number Of Exits:	Length: Width:
Number Of Total Exits:	Number Of Total Stairways:	Height:

If Basement Applies

Number Of Stories Below Grade:	Square Footage of Basement:
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Construction Materials:	Wood	Masonry & Concrete	Masonry & Steel	Combination
Exterior Masonry wall & Frame	Other	_____		



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Construction Type:	Type 1 (fire resistive)	Type 2 (noncombustible)	Type 3 Ordinary
	Type 4 Heavy Timber	Type 5 Wood Frame	

Heating Source:	Electric	Gas	Geothermal	Oil	Liquefied Natural Gas (LNG)
	Liquified Petroleum Gas (LPG)	Wood	None		

Heat Type:	Forced Air	Hot Water/ Radiator	Radiant	Steam	None
Other:	_____				

Alternate Power:	Solar	Geothermal	None	N/A
Back Up Source:	Battery.	Emergency Generator	None	
Emergency Generator Power:	Lighting	Exit Lights	Fire Protection	_____



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Roof Construction:	Concrete	Metal	Truss	Wood		
Roof Covering:	Asphalt Shingles	Asphalt/Tar	Metal	Rubber	Slate	Tile
Truss Type:	Bowstring	Metal	Steel Bar Joist	Wood	Other _____	
Roof Items:	Roof Access Location _____			Roof Hatches _____		
Solar Panel:	On Roof.	Adjacent To Building	On The Grounds of Block and Lot			

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Signature of Owner or Agent Completing This Form

Date

Printed Name of Owner or Agent Completing This Form

Date

Street Address of Owner or Agent Completing This Form

City

State

Zip

Email:

Telephone #