



**Raritan Township Fire Safety**  
1 Municipal Drive, Flemington NJ 08822  
908-806-6100  
Dennis Concannon, Fire Marshal  
**Business Registration Form**

**Registrant Information**

1. Business Ownership (Mark Correct Box)  
( ) Corporation ( ) Private/Individual ( ) Partnership  
( ) Cooperative ( ) Government Agency ( ) LLC Corporation

2. Business Owner Mailing Address:

**If Private/Individual**

Name: \_\_\_\_\_  
Last First Middle Initial

**If Other:**

**Give FULL Legal Name of Ownership, including corporation, Incorporation, Partnership, T/A, etc.**

Address: \_\_\_\_\_  
P.O. Box Number or Street Number and Name  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Owners Telephone Number: \_\_\_\_\_

**Business Location Information**

3. Name of Building/ Business: \_\_\_\_\_  
Building Address (Include Unit/Suite #): \_\_\_\_\_  
Complex Name: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
Business E-Mail: \_\_\_\_\_  
Special Hazards/FYI: \_\_\_\_\_

**Structure Information**

4. Year Built: \_\_\_\_\_  
Height of Building: \_\_\_\_\_ Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Occupancy #: \_\_\_\_\_  
Knox Box Location: \_\_\_\_\_

**Emergency Contacts**

5. Name & Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name & Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name & Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE RETURN TO:**  
**Raritan Twp. Fire Safety**  
**1 Municipal Drive, Flemington NJ 08822**  
**Dennis.concannon@raritantwpnj.gov**



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**Construction Information**

Truss Roof  Truss Floor  Attic  Building Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Floor Construction: \_\_\_\_\_ Basement Sq.Ft: \_\_\_\_\_ Basement Access: \_\_\_\_\_  
 Bearing Walls: \_\_\_\_\_ Roof Access: \_\_\_\_\_ Skylights: \_\_\_\_\_ Roof Covering: \_\_\_\_\_  
 Ceiling: \_\_\_\_\_ Exit Signs  Emergency Lights   
 Heating: \_\_\_\_\_ Fire Escape (Location: \_\_\_\_\_ Elevators #: \_\_\_\_\_  
 Electric: \_\_\_\_\_ Generator (Location): \_\_\_\_\_ Stairways Number/Location: \_\_\_\_\_  
 Number/Location of Exits: \_\_\_\_\_ Knox Box Location \_\_\_\_\_

**Suppression Protection Information**

Extinguishers  Kitchen Suppression  Other Suppression: \_\_\_\_\_  
 Sprinklers  Riser Room Location: \_\_\_\_\_ Fire Pump Location: \_\_\_\_\_ Water Source: \_\_\_\_\_  
 Wet Sys.  Dry Sys.  Full  Basement  Partial: \_\_\_\_\_ FDC Location/Type: \_\_\_\_\_

**Stand Pipes  Fire Detection/Alarm Information**

Fire Alarm System  Smoke Detector  CO Alarm  Heat Detector  Duct Detector  Other   
 Pull Stations  Monitored System  Local System  Panel/Annunciator Loc. \_\_\_\_\_  
 Alarm Company: \_\_\_\_\_ Alarm Co. # \_\_\_\_\_ Account # \_\_\_\_\_ Password \_\_\_\_\_  
 Sprinkler Co.: \_\_\_\_\_ Sprinkler Co. # \_\_\_\_\_ Account # \_\_\_\_\_

**Shut Offs/Meters**

**Location Information**

Electric: \_\_\_\_\_  
 Gas: \_\_\_\_\_  
 Water: \_\_\_\_\_

**Water Supply Location/Type**

A: \_\_\_\_\_  
 B: \_\_\_\_\_  
 C: \_\_\_\_\_

**Exposures**

A: \_\_\_\_\_  
 B: \_\_\_\_\_  
 C: \_\_\_\_\_  
 D: \_\_\_\_\_

**Appliance Locations**

Boiler/Furnace: \_\_\_\_\_  
 HVAC Unit: \_\_\_\_\_

**Sketch**

