



**Township of Maple Shade
Fire Department**

Office of the Fire Marshal

200 Stiles Avenue
Maple Shade, NJ 08052
856-779-9610

Property Owner Registration Form

Please type or print all information

Property Address: _____

Name of Corporation/LLC: _____ (if applicable)

Building Square Feet: _____ Year Building Built: _____

Business Phone: _____ Business Fax: _____

Property Owner: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Emergency Contacts: Name _____ Phone # (____) _____

Property Manager: _____

Cell Phone: (____) _____ Email Address: _____

Fire Alarm: YES NO Sprinkler System: YES NO

THIS SECTION MUST BE COMPLETED

Please indicate where you wish **REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES** to be sent :

Name: _____ Cell Phone: (____) _____

Address: _____ City/State/Zip: _____

Email: _____

Signature of Applicant Date

By signing this application, I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

ALL LINES NEED TO BE FILLED-OUT OR THE FORM WILL BE CONSIDERED INCOMPLETE

VIOLATION WILL BE ISSUED