



## Township of Maple Shade

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**

**AND VIOLATION(S) WILL BE ISSUED**