



OFFICE USE:

Local ID#: _____ State ID#: _____
Inspection Zone#: _____ LHU / FSU Code: _____

FIRE SAFETY USE REGISTRATION

Local Business Name: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Contact Name: _____
Contact Title: _____
Email address: _____
Mailings should be sent to: Local Business Business Owner Building Owner
Preferred method of notification: Paper Email
Registration Date: _____

CONTACT INFORMATION

Tax ID Number: _____ Mail should be sent to: Local Business Business owner

Business Owner: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Contact Name: _____
Contact Title: _____
Email address: _____

Building Owner: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Contact Name: _____
Contact Title: _____



EMERGENCY CONTACTS

Contact Name: _____
Contact Title: _____
Mobile Phone: () _____ Alt #: () _____

Contact Name: _____
Contact Title: _____
Mobile Phone: () _____ Alt #: () _____

ABOUT YOUR BUSINESS

Primary Use (i.e. warehouse storage of..., nail salon, etc....)
Description of your business: _____

Secondary Use: _____

Sq. Ft. Occupied: _____ BOCA Use Group: _____

Hours of Operation:
M _____ T _____ W _____ T _____ F _____ S _____ S _____

Insurance coverage amount: _____ Building: \$ _____ Contents: \$ _____

Insurance Carrier: _____ Policy #: _____

ABOUT THE BUILDING

Construction Type: _____

Bearing Walls: _____

Ceiling Type: _____

Trusses: Roof Type: _____ Floor Type: _____

Floor Construction: _____

of exit doors: _____ # of stairwells: _____ # of floors: _____

Egress lighting: Battery Pack Backup Generator

Do you have a: Basement Attic Skylight

Occupancy Load: _____



Knox Box Location (if applicable): _____

Elevator: Yes No

If yes: Key Location: _____

Fire Escape: Yes No

If yes: Type: _____ Location: _____

Roof Access: Yes No

If yes: Location: _____

ABOUT THE SYSTEMS

Heat: Electric Natural Gas Hot Water Solar

Smoke detectors: Battery Hard wired

Monitored: On site Remote

Alarm Company: _____

Main Panel Location: _____

Last test date: _____

Sprinkler system: Yes No

If yes: System type: _____ Last test date: _____

Fire Department Connection location: _____

Maintenance company: _____

Supervision Type: _____

Solar Panels: Yes No

If yes: Disconnect location: _____

For Restaurants and Food Preparation:

Hood type: _____

Location: _____

Test company: _____

Last test date: _____

Hazardous Materials:

Location: _____

Storage container: _____

Quantity: _____



I certify that all statements made by me in this registration are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to the penalties prescribed by law.

Sign X _____

Printed Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please note all fields are required to be completed if applicable.