



22 East Park Avenue • Merchantville, New Jersey 08109  
(856) 488-0404 • FAX: (856) 488-1228

January 29, 2016

To:

Ref: Registration of Business with Bureau of Fire Prevention

Dear Business Owner,

Pursuant to the Uniform Fire Safety Act (PL 1983, C.383, N.J.S.A. 52:27D-192 et seq.), the Borough of Merchantville has adopted Local Ordinances, designating the Borough of Merchantville Bureau of Fire Prevention as the local enforcing agency of said code.

Under these ordinances, it is required that all non-life hazard use buildings be registered and inspected by the Bureau of Fire Prevention.

Enclosed, you will find a registration form. Please complete the form and verify that the information on the form is correct, and return the completed form within thirty (30) days to...

**BOROUGH OF MERCHANTVILLE  
BUREAU OF FIRE PREVENTION  
22 East Park Avenue  
Merchantville, New Jersey 08109**

If you should have any questions, please feel free to contact the office of the Bureau of Fire Prevention at Phone: (856) 488-0404

Kevin J. Patti, Fire Official



22 East Park Avenue • Merchantville, New Jersey 08109  
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FIRE INSPECTION REGISTRATION FORM  
(please print or type all information)

\*\*\*\*\*  
this area office use only

Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

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Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Block/Lot: \_\_\_\_\_ Do you... OWN or LEASE the property (circle one)

Building Owner's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Manager/Agent: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Phone #: \_\_\_\_\_

FIRE INSPECTION REGISTRATION FORM

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Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

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Alarm/Suppression System Information:

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fire Insurance Information (Building):

Name of Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Amt.: \_\_\_\_\_

Date of Inception: \_\_\_\_\_

Does building contain three (3) or more dwelling units? Y \_\_\_\_\_ or N \_\_\_\_\_

If Yes, is the building registered with the Department  
of Community Affairs, State of New Jersey? Y \_\_\_\_\_ or N \_\_\_\_\_

If Yes, please give Registration #: \_\_\_\_\_

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_