

**BOROUGH OF BOGOTA**  
**Division of Fire Prevention**  
31 Fairview Avenue  
Bogota, New Jersey 07603  
(201) 646-0801 TEL  
(201) 342-7480 FAX

**FIRE SAFETY REGISTRATION AND  
EMERGENCY CONTACT TELEPHONE NUMBERS**

Dear Sir/Madam:

In order to keep our files updated, please complete the following information and return to the above address. **(Please print or type)**. Thank you.

**PART A - BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
Business Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address \_\_\_\_\_

**PART B - BUILDING INFORMATION**

Owner of Building: \_\_\_\_\_  
Mailing Address of Owner: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address \_\_\_\_\_

**PART C - CONTACT INFORMATION**

List in the order of priority persons who shall be contacted in case of an EMERGENCY:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

# LIFE HAZARD USE REGISTRATION INFORMATION

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ SS#/FEIN# \_\_\_\_\_

BUILDING CONSTRUCTION DATE: PRE\_\_ POST\_\_ 1977

FORM OF OWNERSHIP: CORPORATION  PRIVATE/INDIVIDUAL\_\_ PARTNERSHIP\_\_  
CONDOMINIUM\_\_ COOPERATIVE  LLC CORPORATION\_\_

TYPE OF BUSINESS/BUILDING: AGRICULTURE\_\_ ASSEMBLY\_\_ CHILD/DAY CARE\_\_  
COMBUSTIBLE\_\_ EATING/DRINKING\_\_ EXPLOSIVE\_\_ FLAMABLE\_\_ FUEL\_\_  
HIGHRISE\_\_ INSTITIONAL\_\_ LODGING\_\_ MANUFACTURING\_\_ MOTOR REPAIR\_\_  
RECREATIONAL\_\_ RETAIL/MERCANTILE\_\_ SCHOOL\_\_ SPRAYING/DIPPING\_\_  
STORAGE/WAREHOUSE\_\_ WELDING\_\_

BUILDING CONSTRUCTION TYPE: CONCRETE\_\_ STEEL\_\_ WOOD\_\_

ROOF CONSTRUCTION TYPE: CONCRETE\_\_ METAL\_\_ TRUSS\_\_ WOOD\_\_

TRUSS TYPE: BOWSTRING\_\_ WOOD\_\_ METAL\_\_ STEEL BAR JOIST\_\_

ROOF COVERING: SHINGLE\_\_ TAR\_\_ METAL\_\_ RUBBER\_\_ SLATE\_\_ WOOD SHINGLE\_\_

NUMBER OF ROOF HATCHES \_\_\_\_\_ NUMBER OF SKYLIGHTS \_\_\_\_\_

NUMBER OF FLOOR ABOVE GROUND \_\_\_\_\_ NUMBER OF FLOOR BELOW GROUND \_\_\_\_\_

BUILDING HEIGHT \_\_\_\_\_ FT. TOTAL BUILDING SQUARE FOOTAGE \_\_\_\_\_ SQ. FT.

BUILDING HEAT FUEL SOURCE: ELEC\_\_ GAS\_\_ GEO\_\_ OIL\_\_ LPG\_\_ LNG\_\_

BUILDING HEAT TYPE: FORCED AIR\_\_ HOT WATER\_\_ RADIANT\_\_ STEAM\_\_ NONE\_\_

BACKUP POWER SOURCE: YES\_\_ NO\_\_ POWERS: FULL\_\_ PARTIAL\_\_ BUILDING\_\_

TRUSS FLOOR CONSTRUCTION: YES\_\_ NO\_\_ ROOF SOLOR PANEL: YES\_\_ NO\_\_

OCCUPANCY LOAD \_\_\_\_\_

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## FOR OFFICE USE ONLY

REGISTRATION NUMBER \_\_\_\_\_

USE GROUP \_\_\_\_\_