FORT LEE FIRE PREVENTION FIRE SAFETY CODE
NON-LIFE HAZARD REGISTRATION FORM

1. BUILDING ADDRESS: ____________________________________________________________
________________________________________________________________________________

2. __________________________________  __________________________   __________________________________________________
   BLOCK NUMBER       LOT NUMBER       MUNICIPAL TAX ACCT. NO.

3. BUILDING OWNER NAME & ADDRESS
___________________________________________________________________________________________
___________________________________________________________________________________________
DAY PHONE ________________________________  EVENING PHONE ________________________________

4. BUILDING TYPE (Check One):  Single Family: _____  Two Family: _____  Multi-Family: _____
   Commercial: _____  Commercial/Residential: _____
   How many residential units: _____  How many stories: _____

5. TOTAL GROSS SQUARE FOOTAGE OF BUILDING: ____________________________

6. IS BUILDING EQUIPPED WITH THE FOLLOWING (CIRCLE YES OR NO):
   An APPROVED fire alarm system?  YES   NO
   An APPROVED fire sprinkler system?  YES   NO
   An APPROVED fire stand-pipe system?  YES   NO

   In case of an emergency, please list three (3) people who can be contacted:
   CONTACT #1                                                                                      
   DAY PHONE ________________________________  EVENING PHONE ________________________________
   CONTACT #2                                                                                      
   DAY PHONE ________________________________  EVENING PHONE ________________________________
   CONTACT #3                                                                                      
   DAY PHONE ________________________________  EVENING PHONE ________________________________