

TOWNSHIP of MIDDLETOWN – BUREAU of FIRE PREVENTION

One Kings Highway, Middletown NJ 07748



APPLICATION FOR REGISTRATION OF BUSINESS (LHU)

(Please type information into fillable fields below or print form & type or print clearly)

BUDDY SKELLY
Fire Official
(732)615-2270

Business Name (or DBA)

1. Date of Application _____ 2. Block: _____ Lot: _____
3. Name of Business _____
4. Physical Address of Business _____
5. Name of Shopping Center or Office Building _____
6. Premises Phone Number _____
7. NJ Life Hazard Use (LHU) Registration # _____

Business Information (check one): ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual ☐ Non-Profit

1. Registered Name _____
2. Mailing Address _____
3. City, State, Zip _____
4. Phone _____ Email _____
5. Business Fed ID#: _____

Business Owner Personal Information

1. Business Owner's Name _____
2. Business Owner's Home Address _____
3. Business Owner's City, State, Zip _____
4. Business Owner's Phone _____ Email _____

Send Mail To (check one): ☐ Property ☐ Business Owner ☐ Building Owner ☐ Property Manager

Property/Building Owner and, if applicable, Property Manager Information

1. Landlord Name _____
2. Landlord Mailing Address _____
3. Landlord Phone _____ Fed ID #: _____
4. Property Manager Company _____
5. Property Manager Address _____
6. City, State, Zip _____
7. Property Manager Contact _____ Phone _____

Key Holders for Emergencies After Hours:

Contact #1 Name: _____ Phone: _____
Address: _____ Email: _____
Contact #2 Name: _____ Phone: _____
Address: _____ Email: _____
Contact #3 Name: _____ Phone: _____
Address: _____ Email: _____

Business Use Information

Describe what your business does: _____

Are Hazardous Materials stored on premises? ____ Yes ____ No (If yes, provide MSDS)

Pre-1977 Construction? ____ Yes ____ No

BCO Issue date: _____

LHU Use Code: _____

Number of stories: _____

Number of stories below grade: _____

Square Footage by floor: _____

Total Square Footage: _____

Occupancy Load: _____

Number of Exits: _____

Grade Height: _____

Construction Type:

____ Frame ____ Masonry & Concrete ____ Masonry Steel ____ Exterior Masonry Wall & Frame ____ Combination

____ Type 1A – Concrete

____ Type 1B – Concrete

____ Type 2A – Steel

____ Type 2B – Steel

____ Type 2C – Steel

____ Type 3A – Masonry/Wood

____ Type 3B – Masonry/Wood

____ Type 4 - Heavy Timber

____ Type 5A – Wood

____ Type 5B – Wood

____ N/A

Roof Construction: ☐ Concrete ☐ Metal ☐ Truss ☐ Wood ☐ N/A Roof

Roof Coverings:

☐ Asphalt Shingles ☐ Asphalt/Tar ☐ Metal ☐ Rubber ☐ Slate ☐ Tile ☐ N/A

Truss Roof Construction: ☐ Yes ☐ No

Roof Truss Type: ☐ Bowstring ☐ Metal ☐ Steel Bar Joist ☐ Wood ☐ N/A

Number of Roof Hatches: _____

Number of Roof Skylights: _____

Solar Panels?: ☐ Yes ☐ No

Heating System Fuel Source: ☐ Gas ☐ Oil ☐ Electric ☐ Other _____

Type: ☐ Forced Air ☐ Hot Water/Radiator ☐ Radiant ☐ Steam ☐ None ☐ N/A

Alternate Power Source: ☐ Solar ☐ Geothermal ☐ Wind ☐ None ☐ N/A

Back-Up Power Source: ☐ Battery ☐ Emergency Generator ☐ None ☐ N/A

Emergency Generator Powered Devices (if applicable choose all that apply):

☐ Emergency Lights ☐ Exit Lights ☐ Fire Detection System ☐ None ☐ N/A

Do you have a Fire Sprinkler System? ☐ Yes ☐ No

Do you have a Kitchen Hood Suppression System? ☐ Yes ☐ No

Do you have a Fire Alarm System? ☐ Yes ☐ No

Alarm Company Name _____

Alarm Company Phone _____

I hereby acknowledge that I have read this application, that the information given is correct & that I am the owner or duly authorized to act on the owner's behalf.

Print Name

Title

Signature

Date