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**TOWNSHIP OF LAWRENCE  
BUREAU OF FIRE PREVENTION  
ANNUAL FIRE REGISTRATION APPLICATION**

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

**Business Address:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_

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**I. OWNERSHIP INFORMATION**

1. Name of Business Owner: \_\_\_\_\_

2. Home Address of Business Owner: \_\_\_\_\_

3. Phone # of Business Owner: \_\_\_\_\_

4. Name of Property Owner: \_\_\_\_\_

5. Address of Property Owner: \_\_\_\_\_

6. Phone # of Property Owner: \_\_\_\_\_

7. Officers of Business: (If Applicable)  
NAME

ADDRESS

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**II. BUSINESS INFORMATION**

1. Type of Business: \_\_\_\_\_

2. Fire Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Amount: \_\_\_\_\_

3. Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

4. Floor Area of Business: \_\_\_\_\_ Square Feet

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**III. EMERGENCY INFORMATION**

This information will be kept on file with the Police Dispatcher and the Emergency Management Office in the event of a problem at your business after hours. Please list at least two names, preferably those with keys and close enough to come out if needed by police or fire officials.

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

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**PART IV: Hazardous Materials Inventory (if applicable)**

Please list below any hazardous or toxic substances which are stored, manufactured, or utilized by your business. If you need more space, or have a listing of your own, please submit along with this form.

	MATERIAL NAME	QUANTITY	WHERE STORED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
10.	_____	_____	_____

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**PART V: Alarm Information**

Is the property alarmed? Yes / No Type of alarm system: Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

**If your business has an alarm system you must complete the attached Alarm System Registration Permit application. There is a one-time fee of \$30.00 that must accompany the application. Please note that this fee is separate from the business registration fee.**

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**\*\*Each business in Lawrence Township is required to complete an annual fire registration application and pay a registration fee. Invoices to renew the registration are mailed out in January and due by March 31. Registration fees are not prorated and must be paid in full each year.**

I hereby certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge, and are made in good faith.

\_\_\_\_\_  
SIGNATURE NAME DATE

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**Office Use Only**

Registration Number:	Date Paid:	Amount Paid:	Check # _____ Visa / Mastercard Cash Receipt # _____
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**TOWNSHIP OF LAWRENCE  
FIRE PREVENTION BUREAU  
LIFE HAZARD USE SURVEY**

**BUSINESS NAME:  
ADDRESS:  
TELEPHONE #**

**TYPE A LIFE HAZARDS**

1. \_\_\_\_\_ Service stations, repair, fueling
2. \_\_\_\_\_ Daycare center, day nurseries
3. \_\_\_\_\_ Hotels, motels, 2 stories w. interior egress
4. \_\_\_\_\_ Rooming, boarding homes, group homes, residential nursing homes.
5. \_\_\_\_\_ Eating/drinking establishment (more than 50)
6. \_\_\_\_\_ Eating establishment more than 50, less than 200
7. \_\_\_\_\_ Eating/drinking establishment (more than 50)
8. \_\_\_\_\_ Above ground storage of flammable or combustible (greater than 660, less than 50,000)
9. \_\_\_\_\_ Dry cleaning with Non-flammable solvents

**TYPE B LIFE HAZARDS**

1. \_\_\_\_\_ High rise
2. \_\_\_\_\_ Prisons, other restraint facilities
3. \_\_\_\_\_ Institutions, including outpatient, dialysis, alcohol treatment, abortion centers.
4. \_\_\_\_\_ Movie theatres, no stage
5. \_\_\_\_\_ Eating/drinking, more than 50, less than 200
6. \_\_\_\_\_ Eating/drinking more than 200
7. \_\_\_\_\_ Mercantile greater than 12, 000 sq. ft.
8. \_\_\_\_\_ Hotels, 4 stores or 100 rooms interior egress
9. \_\_\_\_\_ Windowless space, 50 or more, non-compliant

I concur that these activities take place at my premises:

\_\_\_\_\_  
OWNER/OCCUPANT

\_\_\_\_\_  
DATE

INSPECTOR'S SIGNATURE:

UCC USE GROUP

RECORDS

**TYPE B LIFE HAZARDS (CONT'D)**

10. \_\_\_\_\_ Assemblies more than 100; museums, lecture halls, art galleries, recreation centers
  11. \_\_\_\_\_ Spraying with flammables, combustibles
  12. \_\_\_\_\_ Industrial processes:
    - \_\_\_\_\_ Explosive dusts
    - \_\_\_\_\_ Crop ripening
    - \_\_\_\_\_ Lumber yards w/more than 100,000 ft.
    - \_\_\_\_\_ Tire recapping, rebuilding
    - \_\_\_\_\_ Organic coating manufacturer/producing 1 gallon or more per day
    - \_\_\_\_\_ Manufacturer of cellose nitrate plastics
    - \_\_\_\_\_ Handling of 100 cubic feet of loose combustible vegetable animal fibers
    - \_\_\_\_\_ Manufacturing of matches, explosives
    - \_\_\_\_\_ Processing of flammable, combustible liquids
    - \_\_\_\_\_ Welding/cutting, except Class I permit
  13. \_\_\_\_\_ Storage of the following:
    - \_\_\_\_\_ 2500 cu. ft. packing cases, boxes, barrels
    - \_\_\_\_\_ 2500 cu. ft. tires, cotton, rubber, cork
    - \_\_\_\_\_ 25 lbs. cellulose nitrate plastic
    - \_\_\_\_\_ 100 cu. ft. combustible vegetable, animal fibers
    - \_\_\_\_\_ 25 cases of matches
    - \_\_\_\_\_ Explosives, blasting agents
    - \_\_\_\_\_ 50,000 gallons flammable / combustible liquids above ground
  14. \_\_\_\_\_ Dry cleaning with flammable solvents
  15. \_\_\_\_\_ Atriums 12, 000 sq. ft., 3 stories
- TYPE C LIFE HAZARDS**
1. \_\_\_\_\_ Theatres with stage, access, seating
  2. \_\_\_\_\_ Night clubs, 200 or more
  3. \_\_\_\_\_ Amusement (funhouses, haunted houses, etc.)
  4. \_\_\_\_\_ Institutional, hospital, nursing homes

**TOWNSHIP OF LAWRENCE  
FIRE PREVENTION BUREAU  
PERMIT SURVEY**

**BUSINESS NAME:  
ADDRESS:  
TELEPHONE #:**

**TYPE I PERMITS**

1. \_\_\_\_\_ Bonfires
2. \_\_\_\_\_ Torch to remove paint
3. \_\_\_\_\_ Tents exceeding 1200 sq. ft.
4. \_\_\_\_\_ Individual portable kiosks erected in a covered mall for less than 90 days
5. \_\_\_\_\_ Open flame in public assembly
6. \_\_\_\_\_ Welding and cutting
7. \_\_\_\_\_ Fireworks, explosives, blasting caps
8. \_\_\_\_\_ Helistops
9. \_\_\_\_\_ Occasional use for assembly

**TYPE II PERMITS**

1. \_\_\_\_\_ Bowling Lane refinishing
2. \_\_\_\_\_ Fumigation or fogging
3. \_\_\_\_\_ Membrane covered, air supported structure
4. \_\_\_\_\_ Carnivals, circus
5. \_\_\_\_\_ Use of covered mall for:
  - \_\_\_\_\_ Kiosks, display booth in more than 25% of common area
  - \_\_\_\_\_ Temporary place of assembly
  - \_\_\_\_\_ Open flame
  - \_\_\_\_\_ Display of liquid/gas equipment
  - \_\_\_\_\_ LPG/LNE in 5lb. containers

**TYPE III PERMITS**

1. \_\_\_\_\_ Industrial furnaces gas/oil not exceeding 1400'
2. \_\_\_\_\_ Wrecking yard or junk yard
3. \_\_\_\_\_ Storage or discharge of fireworks

**TYPE IV PERMITS**

1. \_\_\_\_\_ Storage/use of 2,000 cu. ft. of flammable compressed gas
2. \_\_\_\_\_ Production or sale of Cryogenic liquids or storage or use of more than 10 gallons of LOX or flammable Cryogenes

**TYPE IV PERMITS (CONT'D)**

3. \_\_\_\_\_ Storage/handling of flammable liquids in closed containers/tanks.
4. \_\_\_\_\_ Install/remove tank
5. \_\_\_\_\_ Class I liquids in excess of 5 gal. in dwelling
6. \_\_\_\_\_ Storage/use of Class II or III liquids, 25 gal. in building.
7. \_\_\_\_\_ Storage of flammable/combustible liquids in tank.
8. \_\_\_\_\_ Manufacturing, processing or refining
9. \_\_\_\_\_ Storage or handing of the following:
  - \_\_\_\_\_ 55 gal. of corrosives
  - \_\_\_\_\_ 500 lb. oxidizers
  - \_\_\_\_\_ 10 lb. organic peroxides
  - \_\_\_\_\_ 500 lb. nitromethane
  - \_\_\_\_\_ 1,000 lb. ammonium nitrate
  - \_\_\_\_\_ 1 millicurie of radium not sealed in source.
  - \_\_\_\_\_ Dry amount of radioactive material licensed by NRC.
  - \_\_\_\_\_ 10 lb. flammable solids
10. \_\_\_\_\_ Installation of LPG or LNG 2,000 gallons individual or 4,000 gallons aggregate.
11. \_\_\_\_\_ Storage/use of 10 lb. of magnesium
12. \_\_\_\_\_ Heliports

**TYPE V PERMITS**

1. \_\_\_\_\_ Airports

Owners/Occupant Certification:

I certify that the activities listed above are conducted at my premises.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Time/Date of Survey	Name of Inspector	Signature of Inspector
Inspection Number	Staff Review	Records

**TOWNSHIP OF LAWRENCE**  
**P.O. BOX 6006**  
**LAWRENCEVILLE, NEW JERSEY 08648**  
**PHONE 609-844-7018**

**ALARM SYSTEM REGISTRATION PERMIT**

<b>CONTROL #</b> _____	<b>DATE:</b> _____	<b>PERMIT FEE: \$30.00</b> cash _____ check # _____	
		Update: No Charge _____	Rec'd by: _____

PLEASE COMPLETE ALL SECTIONS BELOW:

**BUSINESS**  **RESIDENCE**

Name (if business, enter business name) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business Owner \_\_\_\_\_ Business Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**\*Resident or Person Responsible to Remit Penalty Fee:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**LOCATION TYPE:** (check one)  Assembly  Bank  Commercial  Government Building  Residence  School

**TYPE OF ALARM SYSTEM:**  Burglar (B)  Medical (M)  Temperature (T )  Holdup (H)  
 (check all that apply)  Fire (F)  High Water (O)  Panic (P)  Fire Waterflow/Sprinkler (W)

Location of Annunciator Panel /Key-Pad \_\_\_\_\_

Alarm Service Company \_\_\_\_\_ Phone \_\_\_\_\_

Monitoring Company (if different) \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT PERSONS:**

**KEYHOLDER**

		Yes	No
1) Name _____ Phone _____		<input type="checkbox"/>	<input type="checkbox"/>
2) Name _____ Phone _____		<input type="checkbox"/>	<input type="checkbox"/>
3) Name _____ Phone _____		<input type="checkbox"/>	<input type="checkbox"/>

**FIRE/THEFT INSURANCE CARRIER** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Policy No. \_\_\_\_\_

**MISCELLANEOUS:** Hazardous Materials Stored: Yes  No  Firearms on Premises: Yes  No   
 Guard Dog on Duty: Yes  No  Dog(s) on Premises: Yes  No

**ALL INFORMATION CONTAINED ON APPLICATION IS CONFIDENTIAL**

**PLEASE MAKE SURE THAT APPLICATION IS SIGNED AND FEE OF \$30.00 IS ENCLOSED WITH APPLICATION.**