

Colts Neck Fire Prevention Bureau

124 Cedar Drive
Colts Neck, NJ 07722

Robert H. Zander - Fire Marshall

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(732) 409-7184 Fax (732) 462-8460

APPLICATION FOR INSPECTION

(Please type or print clearly)

All information will be kept confidential. For Emergency Fire and Police Department use only.

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

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

1. Building Owner Name _____
2. Building Owner Address _____
3. Building Owner Phone: _____ Fax: _____
4. Property Manager Name _____
5. Property Manager Address _____
6. Property Manager City, State, Zip _____
7. Property Manager Phone _____

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 _____

Send Mail To (Circle One): 1. Property 2. Building Owner 3. Business Owner 4. Property Manager

Name & Phone of Key Holders for Emergencies After Hours:

1. Contact #1 Name: _____
Contact #1 Phone - Cell: _____ Home: _____
2. Contact #2 Name: _____
Contact #2 Phone - Cell: _____ Home: _____
3. Contact #3 Name: _____
Contact #3 Phone - Cell: _____ Home: _____

CONTINUED ON REVERSE SIDE

Insurance Company Information:

1. Insurance Company _____
2. Address _____
3. Phone _____ Agent: _____

Business Use Information

1. Occupancy Load _____
2. BOCA Use Group Classification _____
3. Life Hazard Use Classification _____
4. Description of use _____

5. Are Hazardous Materials stored on premises? Yes _____ No _____
6. Number of stories _____
7. Type of Construction _____
8. Square Footage _____
9. Truss Construction (Circle One): Roof Floor Floor & Roof
10. Heating System: Gas Oil Electric Type: Hot Air Hot Water Steam Other _____
11. Do you have a Fire Suppression System? _____ Type _____
12. Do you have a Fire Alarm System? _____
13. Alarm Company Name _____
14. Alarm Company Phone _____

I, the undersigned, certify that the above information is correct to the best of my knowledge.

Signed: _____ Title: _____

Print: _____