



TEANECK FIRE DEPARTMENT
FIRE PREVENTION BUREAU
1231 Teaneck Road, Teaneck, New Jersey 07666
Phone (201) 808-8080 Ext.5200 Fax (201) 837-4801

**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: _____ Teaneck, NJ 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 _____

FOR OFFICE USE ONLY

REGISTRATION NUMBER _____

USE GROUP _____