



Bureau of Fire Safety

Department of Public Affairs
428-60th Street Room 23
Town of West New York, NJ 07093



Tel (201) 295-5220
Fax (201) 295-8163

Cosmo A. Cirillo
Commissioner

APPLICATION FOR REGISTRATION OF RESIDENTIAL PROPERTY

Danessa Real
Fire Official

(Please Print or Type all Information)

The Uniform Fire Code States:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected and/or registered under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ordinance for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2



This Area Office Use Only

Local I.D.#: _____ State I.D. #: _____ Date Registered: _____

Property Name: _____

Street Address: _____

Number of Units: _____ Phone Number: _____

Building Owner's Name: _____

Federal I.D. Number: _____ Phone Number: _____

Street Address: _____

Management Company's Name: _____

Federal I.D. Number: _____ Phone Number: _____

Street Address: _____

Manager's Name: _____

Manager's Phone Number: _____

Emergency Contacts:

#1: _____ Phone Number: _____

#2: _____ Phone Number: _____

#3: _____ Phone Number: _____

Please indicate with an arrow where all mail, actions, orders, and/or notices are to be sent.
.....

Alarm/Suppression System Information:

Describe System: _____

Monitoring Co. Name: _____

Phone Number: _____

Description of use/occupancy of this building:

A CERTIFICATE OF OCCUPANCY OR AN CONTINUED CERTIFICATE OF OCCUPANCY FROM THE WEST NEW YORK BUILDING DEPARTMENT MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE ACCEPTED.

I HEARBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEARBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

.....

Print Name: _____ Signature: _____

Title: _____ Date: _____

.....