



Bureau of Fire Safety
 Department of Public Affairs
 6015 Tyler Place
 West New York, NJ 07093



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

Cosmo A. Cirillo
 Commissioner

Danessa Real
 Fire Official

APPLICATION FOR REGISTRATION OF RESIDENTIAL PROPERTY

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: _____
 Property Address: _____
 Number of Apartments: _____ Premise Phone Number: _____
 Number of Commercial Units: _____ Commercial: #1 _____
 Commercial #2 _____ Commercial #3 _____
 Building Owner Name: _____ Phone Number: _____
 Address: _____ Federal I.D. Number: _____

Management Company Name: _____ Email: _____
 Management Company Address: _____
 Phone Number: _____ Manager/Super Name: _____
 Manager/Super Phone Number: _____ Email: _____

Condominium Association Contact Information:
 #1 _____ Phone Number: _____
 #2 _____ Phone Number: _____

Emergency Contacts:
 #1: _____ Phone Number: _____
 #2: _____ Phone Number: _____

Alarm System Information: Describe System Type _____
 Monitoring Co. Name: _____ Address: _____
 Phone Number: _____
 Suppression Company Name: _____
 Phone Number: _____

***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 HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED AENT TO ACT ON THE OWNER'S BEHALF, AND AS SUCH HEREBY 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: _____