

MAYOR
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COMMISSIONERS
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VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
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OFFICE OF FIRE PREVENTION

ROBERT TORRES | FIRE OFFICIAL
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TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

APPLICATION FOR REGISTRATION OF RESIDENTAL PROPERTY

The Uniform Fire Code states: The owner of all businesses, occupancies, buildings, structures, or premises require to be inspected and/ or registered under Section 19A.112.1 shall apply annually to the Local Enforcing Agency and/or Fire official within thirty (30) days of receipt. 19A13.2

THIS AREA IS OFFICE USE ONLY

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

Property Name: _____ Property Address: _____

Residential Units: _____ Commercial Units: _____ Premise Phone Number: _____

Commercial #1: _____ Commercial #2: _____ Commercial #3: _____

Building Owner Name: _____ Federal ID #: _____

Building Owner Address: _____ Phone Number: _____

Email: _____

Management Company Name _____ Email: _____

Management Company Address: _____ Phone #: _____

Manager/ Super Name: _____ Phone #: _____

Condo Association Contact Information:

#1: _____ Phone Number: _____

#2: _____ Phone Number: _____

Alarm System Information:

System Type: _____ Monitoring Co: _____

Monitoring Co. Address: _____ Phone #: _____

Suppression Co. Name: _____ Phone #: _____

***A CERTIFICATE OF OCCUPANCY OR A 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 AGENT TO ACT ON THE OWNERS BEHALF, AND AS SUCH HERBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENT OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name: _____ Signature: _____

Title: _____ Date: _____

The Town of West New York is proud to be a drug free workplace and an equal opportunity employer.



www.westnewyorknj.org

#WEAREWNY

