



**Township of North Brunswick**  
**Fire Marshal's Office**  
**710 Hermann Road**  
**North Brunswick, NJ 08902**  
**(732) 247-0922 x 453**  
**Fax: (732) 289-3440**

## **APPLICATION FOR REGISTRATION OF BUSINESS**

176-25: The Fire Official or Fire Inspector shall conduct an inspection prior to the issuance of a Zoning Permit for use issued by the Zoning Officer each time there is a change in tenant in a non-residential building. The fee for this change of use inspection shall be \$0.08 per square foot of gross floor area, subject to a maximum charge of \$15,000. Make a single payment payable to the "Township of North Brunswick."

**Square footage of the overall area = \_\_\_\_\_ S.F. x \$.08 = \$\_\_\_\_\_ Total due**

.....  
Office use only

Local I.D. #: \_\_\_\_\_ State I.D. #: \_\_\_\_\_ Date Registered: \_\_\_\_\_

.....  
Business Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Do you: OWN or LEASE the property? (Circle one)

Property Owner's Name: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Type: Individual [ ] Partnership [ ] Corporation [ ] Other [ ]

Please indicate where all correspondence, actions, orders or notices are to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Emergency Contacts:

#1 Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Alarm / Suppression System Information:

Describe System: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of use / occupancy of this building / business:

\_\_\_\_\_  
\_\_\_\_\_

I hereby 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 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