

Property Owner Information:

Name of Property Owner: _____
Business or Individual FULL Name

Address of Property Owner: _____

City of Property Owner: _____ State: _____ Zip Code: _____

Property Owner Telephone Number: _____ E-mail _____

Building Information: Physical Name and Location of the Business (ALL information MUST be Provided)

Building / Business Name: _____

Use Group: _____ Original Certificate of Occupancy Date: _____

Block: _____ Lot: _____

Street Address: _____
Include and Building Number, Suite Number etc.

Number of Stories: _____ Number of Floors Below Grade: _____

Total Square Footage: _____ Building Height: _____ Number of Exits: _____

Occupant Load: _____ Construction Type: _____ Heating Fuel Source: _____

Briefly Describe the Building Type: _____

Briefly Describe the Use of the Business: _____

DATE OF BUSINESS OPENING OR TRANSFER OF OWNERSHIP OF EXISTING BUSINESS: _____

******* IF THERE ARE ANY QUESTIONS WHEN COMPLETING THE REGISTRATION FORM, PLEASE CONTACT THE BUREAU OF FIRE SAFETY FOR GUIDANCE PRIOR TO SUBMITTING THE REGISTRATION AT (908)782-8840 X227.**

BUREAU OF FIRE SAFETY USE ONLY

Use Code(s): _____

New Application: _____ Transfer: _____ Date Received: _____

Assigned State Number 1009- _____ Date Entered into Dynamics: _____

HUNTERDON COUNTY COMMUNICATIONS FLEMINGTON BOROUGH BUSINESS FILE CHANGE FORM

Please Update the Following Business: _____ Not in Business List _____ UPDATE NEEDED

Requested by: _____ Date Requested: _____

Municipal No: FLEMINGTON - 1009	Information Provided By:	Date Submitted:
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TYPE OF INFORMATION: _____ New _____ Deletion _____ Change

If new, what business does it replace? _____

Name of Business: _____

Business Address: _____ SUITE: _____

PUBLIC BUSINESS Telephone: _____ **Complex Name/Landmark:** _____

EMERGENCY CONTACT PERSONNEL (MUST include all area codes)

1. **NAME:** _____ **TITLE:** _____

CELL: _____ **HOME:** _____ **EMAIL:** _____

2. **NAME:** _____ **TITLE:** _____

CELL: _____ **HOME:** _____ **EMAIL:** _____

3. **NAME:** _____ **TITLE:** _____

CELL: _____ **HOME:** _____ **EMAIL:** _____

4. **BUILDING OWNER:** _____

CELL: _____ **HOME:** _____ **EMAIL:** _____

Alarm Co: _____ Alarm Phone: _____

Hazards/Misc Info: _____

**Please Update this Information As Soon As Possible and Fax to 908-806-8184
Or email to: COMMUNICATIONS@CO.HUNTERDON.NJ.US ATTENTION: FRANK-
83 Also e-mail to FIREOFFICIAL@HISTORICFLEMINGTON.COM.**

Communications use only:
Entered by: _____ BUSINESS # _____ Date Updated: _____