

JACKSON TOWNSHIP
BUREAU OF FIRE SAFETY
FIRE DISTRICT No. 3
200 KIERYCH MEMORIAL DRIVE
JACKSON, N.J. 08527
Phone: 732-928-1666, x 14
Fax: 732-928-6500

FOR OFFICIAL USE ONLY
INSPECTION FREQUENCY _____ MONTHS
REGISTRATION# _____
FILE # _____
PERMIT # _____ FEE _____
B.O.C.A.. USE GROUP _____
TYPE _____
INSPECTOR _____
DATE _____
REG. FEE PAID _____
STATE FEE PAID _____

REGISTRATION APPLICATION
Classification of Use

(PLEASE TYPE OR PRINT)
BUSINESS NAME: _____
PHONE: _____ LOCATION: _____
MAILING ADDRESS _____

- Corporation Private/Individual Gov't. Agency
 Partnership Cooperative Condominium

PROPRIETOR/MANAGER NAME _____
PHONE # _____ ADDRESS _____
BUSINESS OWNER NAME: _____
PHONE # _____ ADDRESS: _____
BUILDING OWNER NAME: _____
PHONE # _____ ADDRESS: _____

BUILDING INFORMATION

BUILDING MAINTENANCE NAME: _____
ADDRESS (if different than above) _____ PHONE # _____
EMERGENCY CONTACT: _____ ADDRESS: _____ PHONE # _____
BUILDING USE/ACTIVITY: _____ COMPLEX NAME _____
BLOCK _____ LOT _____ SQUARE FOOTAGE _____

FIRE INSURANCE INFORMATION

NAME OF CARRIER: _____
ADDRESS OF CARRIER: _____
POLICY # _____ POLICY AMOUNT _____

Please complete fully and return white copy to the above address.

\$ _____ X _____
REGISTRATION FEE DUE SIGNATURE

This form must be completed and filed with the Jackson Township Bureau of Fire Safety within ten (10) days of receipt. Failure to do so shall be punishable by a fine of not more than five hundred (\$500) dollars or imprisonment for ninety (90) days or both. Please make all checks payable to the Jackson Bureau of Fire Safety Fire District No. 3 and forward to the above address. Copies of Chapter 61 available at Bureau Office.