

PISCATAWAY FIRE PREVENTION BUREAU  
555 SIDNEY ROAD  
PISCATAWAY, NEW JERSEY 08854  
PHONE: (732) 562-2315

## **YEARLY**

### LOCAL REGISTRATION FORM

PISCATAWAY TOWNSHIP FIRE PREVENTION CODE, CHAPTER 19. FORM TO BE FILLED OUT WITH THE FEE THAT APPLIES BASED ON THE SQUARE FOOTAGE OF YOUR BUSINESS YOU LEASE OR YOU OWN.

LOCAL REGISTRATION MUST BE FILLED OUT COMPLETELY WITH THE FEE THAT APPLIES TO YOUR BUSINESS WITH 30 DAYS OF THIS NOTICE.

**\*\* REGISTRATION FORM (FOUR PAGES) ENCLOSED \*\***

PISCATAWAY TOWNSHIP  
FIRE PREVENTION BUREAU  
555 SIDNEY ROAD  
PISCATAWAY, NJ 08854  
(732)562-2315

REGISTRATION FORM:

PURSUANT TO PISCATAWAY TOWNSHIP FIRE PREVENTION CODE, CHAPTER 19.(ADDITIONAL REQUIRED INSPECTION AND FEES) OF THE TOWNSHIP OF PISCATAWAY. IN ADDITION TO LIFE HAZARD USES IT IS REQUIRED THAT ALL BUILDINGS, STRUCTURES, USES AND PREMISS SHALL BE REGISTERED AND AN ANNUAL FEE BE PAID TO THE PISCATAWAY FIRE PREVENTION BUREAU.

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EVERY PERSON OR BUSINESS THAT RECEIVED A REGISTRATION FORM APPLICATION MUST RESPOND. THE APPLICATION MUST BE RETURNED WITHIN 30 DAYS WITH ALL APPLICABLE ITEMS COMPLETED, FAILURE TO DO THIS WILL CONSTITUTE A VIOLATION OF TOWNSHIP ORDINANCE REGULATIONS AND MAY SUBJECT YOU TO A PENALTY UP TO A \$500.00 MAXIMUM FOR EACH OCCURRENCE.

DESCRIBE BRIEFLY THE USES OR THE BUSINESS AT THE ABOVE LOCATION:

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

CHECK OFF ONE OF THE FOLLOWING

BUSINESS: \_\_\_\_\_

MERCANTILE: \_\_\_\_\_

STORAGE: \_\_\_\_\_

SQUARE FEET:

ANNUAL FEE:

L-1	UNDER 500 SQUARE FEET	\$30.00
L-2	500 TO 2,500 SQUARE FEET	\$45.00
L-3	2,501 TO 5,000 SQUARE FEET	\$55.00
L-4	5,001 TO 7. 500 SQUARE FEET	\$65.00
L-5	7,501 TO 10,000 SQUARE FEET	\$90.00
L-6	10,001 TO 40,000 SQUARE FEET	\$140.00
L-7	40,001 TO 80,000 SQUARE FEET	\$190.00
L-8	80,001 TO 120,000 SQUARE FEET	\$240.00
L-9	121,000 AND UP	\$290.00

FLOOR AREA OF BUSINESS \_\_\_\_\_ SQUARE FEET

BUSINESS OWNER:

OWNER NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TENTANT? \_\_\_\_\_ OWNER? \_\_\_\_\_

PLEASE COMPLETE ALL THE INFORMATION AND RETURN THE COMPLETED REGISTRATION FORM AND THE REQUIRD FEE WITHIN (30) DAYS AND MAKE CHECK PAYABLE TO:

PISCATAWAY TOWNSHIP  
FIRE PREVENTION BUREAU  
555 SIDNEY ROAD  
PISCATAWAY, NJ 08854  
(732)562-2315

SIGNATURE OF OWNER/ TENTANT

\_\_\_\_\_ DATE: \_\_\_\_\_

**PISCATAWAY TOWNSHIP**  
**Fire Prevention Bureau**  
555 Sidney Road  
Piscataway, N.J. 08854  
Phone: (732) 562-2315

**CERTIFICATE OF INSPECTION APPLICATION  
FOR BUSINESS LOCATION**

CERTIFICATE OF INSPECTION SHALL NOT BE ISSUED UNTIL THE APPLICATION IS PROPERLY COMPLETED AND REVIEWED AND ANY VIOLATIONS CITED HAVE BEEN CORRECTED. THE CERTIFICATE OF INSPECTION SHALL BE POSTED BY THE OWNER IN A CONSPICUOUS LOCATION THEREIN 5:70-2.5(c)

1. Building owner or tenant full name, business and residential addresses and telephone number.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

(       )  
\_\_\_\_\_  
Telephone number

1217-  
\_\_\_\_\_  
Registration number

2. The full name, business and residential addresses, and numbers of an agent authorized to accept service of documents including rulings, orders or notices.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

(       )  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Signature of Applicant



# Piscataway Township Police Department

555 Sidney Road

Piscataway, New Jersey 08854

T. 732-562-1100

F. 732-529-2510

## COMMERCIAL ALARM REGISTRATION

<b>BUSINESS INFORMATION</b>			
Please fill out the below information about your business			
Name of Business		Type of Business	Date
Address		Telephone No.	
Fax No.	E-mail		
<b>PROPERTY OWNER INFORMATION</b>			
Name of Property Owner		Home Address	
Home Phone #	Cell Phone #	Email	
<b>EMERGENCY KEY HOLDER CONTACTS</b>			
Please list below persons who can provide access to the property in case of an emergency. Please list in the order you want the emergency contact to be made.			
Key Holder 1		Home Address	
Home Phone #		Cell #	
Key Holder 2		Home Address	
Home Phone #		Cell #	
Name of Key Holder 3		Home Address	
Home Phone #		Cell #	
<b>ALARM COMPANY INFORMATION</b>			
Alarm Company Name		Phone No.	
<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Panic Alarm	<input type="checkbox"/> Medical
*Check all that apply*		Exterior Siren? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reset Time minutes
<b>ADDITIONAL INFORMATION</b>			
Estimated Capacity – Business Hours		Estimated Capacity – After Hours	
Special Considerations (Handicapped/Oxygen/etc.)			

**Complete and return to the Piscataway Township Police Department at the above address / fax number. If you have any questions please contact Planning and Logistics at 732-562-2366.**