WILDWOOD FIRE DEPARTMENT

BUREAU OF FIRE PREVENTION

4400 NEW JERSEY AVENUE
WILDWOOD, NEW JERSEY 08260
PHONE 609-846-2030 FAX 609-522-4965
EMAIL fireprev@wildwoodnj.org

To: May 5, 2020

Ref: Registration of Business with the Bureau of Fire Prevention

Dear Business Owner,

Pursuant to the Uniform Fire Safety Act (PL 1983, C.383, N.J.S.A. 52:27D-192 et. seq.), the City of Wildwood has adopted Local Ordinances, designating the City of Wildwood, Bureau of Fire Prevention the local enforcing agency of said code.

Under these ordinances, it is **required** that all non-life hazard use buildings be registered and inspected by the Bureau of Fire Prevention.

Enclosed, you will find a registration form. Please complete the form and verify that the information on the form is correct, and return the completed form within fifteen (15) days to...

City of Wildwood
Bureau of Fire Prevention
4400 New Jersey Avenue
Wildwood, N.J. 08260

Both pages of the attached form MUST be returned. You MUST also sign the second page.

If you should have any questions, please feel free to contact the office of the Bureau of Fire Prevention Bureau at (609) 846-2030

City of Wildwood, Fire Official

May 5, 2020

FIRE INSPECTION REGISTRATION FORM

(please print or type all information)

****

this area office use only

Local ID #:_____ State ID #:_____ Date Registered:_____

****

Business Name:_____

Street Address:_____

_____

_____ Phone #:_____

Block/Lot:_____ Do you... OWN or LEASE the property (circle one)

Building Owner's Name:_____

Federal I.D. Number:_____ Phone #:_____

Street Address:_____

_____

Business Owner's Name:_____

Federal I.D. Number:_____ Phone #:_____

Street Address:_____

_____

Business Type: Individual_____ Partnership_____ Corporation_____ Other_____

Manager/Agent:_____

Street Address:_____

_____ Phone #:_____

Emergency Contact #1:_____ Phone #:_____

Emergency Contact #2:_____ Phone #:_____

Emergency Contact #3:_____ Phone #:_____

Alarm/Suppression System Information:

Describe System:_____

Monitoring Co. Name:_____

Phone #:_____

FIRE INSPECTION REGISTRATION FORM

(page 2)

****

this area office use only

Local ID #:_____ State ID #:_____ Date Registered:_____

****

Use and Occupancy Information:

Description of your operation:

_____

_____

_____

Check any that apply: __Owner Occupied __Tenant Occupied

__Summer use only __Year-round use

Number of stories _____ Number of exits _____

Does building contain three (3) or more dwelling units? Y_____ or N_____

If Yes, is the building registered with the Department of Community Affairs, State of New Jersey? Y_____ or N_____

If Yes, please give Registration #:_____

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE

Signature:_____ Date: _____

Print Name/Title:_____

Address:_____