



# COLLINGSWOOD FIRE DEPARTMENT

## OFFICE OF FIRE PREVENTION & INSPECTION BUREAU



434 Haddon Avenue  
Collingswood, New Jersey 08108

P. (856) 854-7447  
F. (856) 854-1279

Geoffrey T. Joyce  
Fire Official

## Property Registration Form

**Please type or print all information**

Property Address: _____	
Name of Business: _____	Square Feet: _____
Business Phone: _____	Business Fax: _____
Property Owner: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: ( ) _____	Cell Phone: ( ) _____
Email Address: _____	
Emergency Contacts: Name _____	Phone # ( ) _____
Business Owner: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: ( ) _____	Cell Phone: ( ) _____
Email: _____	
Emergency Contacts: Name _____	Phone # ( ) _____

### **THIS SECTION MUST BE COMPLETED**

<b>Please indicate where you wish <u>REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES</u> to be sent :</b>	
Name: _____	Cell Phone: ( ) _____
Address: _____ City/State/Zip: _____	
Email: _____	Drivers License#: _____
_____ Signature of Applicant	_____ Date
<i>By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.</i>	



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**N.J.A.C. 5:29-1.2 thru 5:29-2.2  
Collingswood Ordinance # 1127**

**Due Date:** \_\_\_\_\_

**BUILDING ADDRESS** \_\_\_\_\_

**PURSUANT TO N.J.S.A. 46:8-27 thru 37**

**Please print or type all information:**

**1.** The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (Name, address & phone number):

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

**2.** If the record owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows (name, address and phone number):

\_\_\_\_\_

Record owner is not a corporation

**3.** If the address of any record owner is not located in the county in which the dwelling is located, the name & address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number):

\_\_\_\_\_

**4.** The name and address of the managing agent is as follows (name, address and phone number):

\_\_\_\_\_

There is no managing agent

**5.** A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address, including apartment number, dwelling unit, etc., phone number):

\_\_\_\_\_

There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service

**PLEASE CONTINUE & COMPLETE PAGE 2**

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DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date Received \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_





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### TENANT INFORMATION COLLINGSWOOD

20\_\_

*Please PRINT all information clearly*

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

Owner/Agent Name: \_\_\_\_\_ Phone \_\_\_\_\_

Number of Units: \_\_\_\_\_ (All Information MUST be provided EACH YEAR )

**Unit #** \_\_\_\_\_

**Room Dimensions \*\***

Name of each occupant of this unit	AGE	Phone#	LR	DR	BR#1	BR#2	BR#3	BR#4
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____

**Unit #** \_\_\_\_\_

**Room Dimensions \*\***

Name of each occupant of this unit	AGE	Phone#	LR	DR	BR#1	BR#2	BR#3	BR#4
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____

**Unit #** \_\_\_\_\_

**Room Dimensions \*\***

Name of each occupant of this unit	AGE	Phone#	LR	DR	BR#1	BR#2	BR#3	BR#4
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____