

**Borough of Mendham
 Bureau of Fire Prevention
 L.E.A. #1418-001
 6 West Main Street
 Mendham, NJ 07945**

Page _____ of _____

Registration Number: _____

Premises: _____

Date Inspected: _____

**APPLICATION FOR
 CERTIFICATE OF INSPECTION**

Pursuant to N.J.S.A. 52:27D-205, within 30 days following inspection of a life hazard use, the owner shall file an application for a certificate of inspection on forms provided by the enforcing agency. You are required to supply the information requested below as condition of receiving the certificate. In addition, NO certificate will be issued until ALL violations have been corrected.

Owner's Name	Business Address	*Residence address
	Telephone No.	Telephone No.
	Telephone No.	Telephone No.
Authorized Agent for acceptance of Mail, Actions, Orders or Notices		
	Telephone No.	Telephone No.

* May be omitted if complete agent information is provided

If the following information has been supplied on your registration application and remains correct, you may confirm this by initialing the box beside the appropriate categories. If more space is required, attach additional **signed, dated** sheets identifying the category of information and including your REGISTRATION number.

If a Corporation set forth: Names and residential address of each officer, director and stockholder holding more than 10 percent of the stock (Stockholders information is not required for a publicly traded corporation)

Name & Title	Address

OVER

Name & Title	Address

Registered Agent

(Name)	
(Office Address)	(Telephone)
(Home Address)	(Telephone)

If a Partnership:

Names of General Partners	Business Address

The name, address, physical location and telephone number of the person responsible for maintenance of the premises is

(If no change, so indicate)

The names of the fire and liability insurance carriers, policy numbers and amounts are _____

Current records reflect the additional life hazards uses listed below as being on your premises:

Number	Use	Present Status/Change
1 _____		<input type="checkbox"/> Same or Changed to: _____
2 _____		<input type="checkbox"/> Same or Changed to: _____
3 _____		<input type="checkbox"/> Same or Changed to: _____
4 _____		<input type="checkbox"/> Same or Changed to: _____

Check the "same" box if the use remains the same. If there are changes, specify each use.

I certify that the information provided on this form and my registration form is correct.

_____/_____/_____
 (Signature) (Type or Print Name) (Date)

UPON COMPLETION RETURN THIS FORM TO THE FIRE OFFICIAL OR LOCAL ENFORCING AGENCY FOR FILING WITH THE NEW JERSEY DIVISION OF FIRE SAFETY