## MENDHAM BOROUGH BUREAU OF FIRE PREVENTION #1418-001 OFFICE OF THE FIRE MARSHAL



## 6 WEST MAIN STREET MENDHAM. NJ 07945

Voice – (973) 543-7152 Fax – (973) 543-2290

## NON-LIFE HAZARD USE REGISTRATION FORM

		REGISTRANT IN	FORMATION	
1.	Business Ownership (mark the Corporation	correct box) Private/Indivi	dual Par	tnership Cooperative
	Condominium	Government A	Agency LL	C Corporation
2.	Business Owner Mailing Address:			
	If Private/Individual: Name	Last	First	Middle Initial
	If Other:			
	Give FULL	Name of Ownership, Includ	ing Coporation, Incorporation	ted, Partnership, T/A, etc.
	Address:P.O	). Box Numbeer or Street N	umber and Name	
	City:	State:	<b>Zip</b> Code:	
	Telephone: ()	SSN / TIN / EIN		
		BUSINESS LOCATION	N INFORMATION	
3.	Name of Building or Business:			
	Building Location:(Number & Street)			
	Suite or Room Number: Block Number: Lot Number:			
	Business Telephone: ()			
	Height of Building:	Stories: S	Square Footage:	Occupancy Load
	BOCA Use Group: Brief Description of Business:			
		BUILDING (	OWNER	
4.	Building Owner's Name:			
	Federal I.D. Number:	Phone Number:		
	Address:			
		FOR BUREAU	USE ONLY	
Inspector:		Certification	Number:	Date / /
Regis	stration Number: MB18		_	
8-0		Block		<del></del>