



# 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](mailto:fireprev@wildwoodnj.org)



To:

July 22, 2016

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

July 22, 2016

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

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\*\*\*\*\*  
this area office use only

Local ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_ Date Registered: \_\_\_\_\_

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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: \_\_\_\_\_