



City of Summit Fire Department
Bureau of Fire Prevention
281 Broad Street
Summit, NJ 07901

BUILDING/BUSINESS OWNER INFORMATION FORM

(Please print type all information)

The City of Summit Fire Department is updating their records of all buildings, businesses, and complexes. Building/Business owners, please complete this form and submit it to the Fire Prevention Bureau. Please direct any questions to Lieutenant Matthew Lemons at: mlemons@cityofsummit.org or (908)277-9360.

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

Please note – Residential single-family & two-family structures are exempt from but can do so on a voluntary basis.

Building/Business/Complex Name: _____
Street Address: _____

Building Owner's Company: _____

Building Owner's Name: _____

Owner's Contact Phone Number: _____

Owner's Email Address: _____

Federal I.D. Number: _____

Street Address (if different): _____

Building Type: Building Owner Business Owner Apartment/Condo
Business Type: Individual Partnership Corporation LLC Other

Emergency Contacts:

#1 Name: _____ Phone Number: _____
#2 Name: _____ Phone Number: _____
#3 Name: _____ Phone Number: _____

Building Maintenance Company: _____

Building Maintenance Manager: _____

Maintenance Manager Phone: _____

Please note where all mail, actions, orders, or notices are to be sent if different than stated above:

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Does the building have a monitored fire alarm? Yes No

Describe the system:

Monitoring Company Name:

Monitoring Company Phone:

Does the building have a fire suppression system? Yes No

Describe the system:

System Contractor:

System Contractor Phone:

Does the building have a Fire Department Connection (FDC)? Yes No

Sprinklers, Standpipe, or Both?

FDC Location:

Does the building have a kitchen suppression system? Yes No

Describe the system:

System Contractor:

System Contractor Phone:

Does the building have an elevator? Yes No

Describe the elevator:

Elevator Contractor:

Elevator Contractor Phone:

Does the building have a Knoxbox? Yes No

Location of Knoxbox:

Does the building have any special systems/features? Yes No

Describe systems/features:

Please provide a description of the use/occupancy of this building:

I hereby acknowledge that I have read this form, that the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and as such hereby agree to comply with the form requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.

Print Name

Signature

Title

Date