



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

## **BUILDING/BUSINESS OWNER INFORMATION FORM**

(Please print of 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](mailto: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 that 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