

Haddon Heights Fire Prevention
Rear 608 Station Avenue
Haddon Heights, New Jersey 08035
(856) 546-7135 x80

Haddon Heights Police Department
625 Station Avenue
Haddon Heights, New Jersey 08035
(856) 547-0614

Vital Information/Emergency Contact Information

****Please Fill Out all Fields and Print Clearly****

Business Name: _____ Telephone: _____

Business Address: _____ Town: _____

Mailing Address: _____ City/State/Zip: _____

Type of Occupancy: _____ Business E-mail Address: _____

Building Owner: _____ Telephone: _____ Email _____

Mailing Address: _____ City/State/Zip: _____

Business Owner: _____ Telephone: _____ Email _____

Mailing Address: _____ City/State/Zip: _____

Please mark appropriate box to designate recipient of correspondence

0 TENANT 0 OWNER

Number of Apartments or Dwelling Units if Applicable _____ SQ. FT. Space occupied by tenant _____

Number of Levels or Stories _____ SQ. FT. Outside Measurement _____

Description of Premise or Structure _____

Describe what premise or structure is used for _____

Emergency Call List: (In order of preference)

	Main Contact	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Protection systems:

Alarms 0 Fire 0 Burglar 0 Hold-up/Panic 0 Other (specify) _____

Type: 0 Monitored 0 Local Alarm 0 Medical

Fire Suppression: 0 Sprinkler 0 Range/Cooking

Hazardous Material: 0 Yes 0 No

Fire Dept Knox Box: 0 Yes 0 No

Pursuant to ordinance 10:21 -Chapter 233:1, Boro of Haddon Heights, NJ, the Application for a Certificate of Inspection must be completed and returned to the Fire Official within Thirty days (30) of the receipt of this Application.

Signature Owner/ Representative _____ Date _____

****Below for official use only****

Date Application returned _____ Use Group _____

Fee _____