

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

Haddon Heights Police Department  
625 Station Avenue  
Haddon Heights, New Jersey 08035  
(856) 547-0613

### Application for Certificate of Inspection Vital Information

Business Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_ Town \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Occupancy \_\_\_\_\_  
Owner of Building \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Owner of Business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please mark appropriate box to designate recipient of correspondence*     TENANT     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)

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Main Contact
2. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Main Contact
3. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Main Contact

Protection Systems: Alarms:     Fire     Burglar     Hold-up/Panic     Other (specify) \_\_\_\_\_

Type:     HHPD Alarm # \_\_\_\_\_     Local Alarm     Central Station

Fire Suppression:     Sprinkler     Range/Cooking

Hazardous Material:     Yes     No

Pursuant to N.J.A.C. 18-2, 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/Agent \_\_\_\_\_ Date \_\_\_\_\_

#### BELOW FOR OFFICIAL USE ONLY

Date Application returned \_\_\_\_\_ Use Group \_\_\_\_\_ Fee \_\_\_\_\_

CANARY ■ POLICE DEPARTMENT

WHITE ■ FIRE DEPARTMENT