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 use this fillable form to type your answers**

| Business Address: | Business Name: | | | Telephone: | |
|--|-----------------------------|----------------------------|----------------------------------|-----------------------------|---------------------------|
| 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: Email Mailing Address: City/State/Zip: 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 | Business Address: | | | Town: | |
| Building Owner: Telephone: Email Mailing Address: City/State/Zip: Business Owner: Telephone: Email Mailing Address: City/State/Zip: 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 | Mailing Address: | | | City/State/Zip: | |
| Mailing Address: | Type of Occupancy: | | | Business E-mail Address: | |
| Business Owner: | Building Owner: | | Telephone: | Email | |
| Mailing Address: | 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 | Business Owner: | | Telephone: | Email | |
| 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 SQ. FT. Outside Measurement Describe what premise or strucrure is used for | Mailing Address: | | | City/State/Zip: | |
| Number of Levels or Stories | Please mark app | propriate box to designate | e recipient of corresponde | nce 0 T | ENANT 0 OWNER |
| Description of Premise or Structure | Number of Apartments or | Dwelling Units if Applie | SQ. FT. Space occupied by tenant | | |
| Description of Premise or Structure | Number of Levels or Stories | | | SQ. FT. Outside Measurement | |
| Describe what premise or strucrure is used for | | | | - | |
| Emergency Call List: (In order of preference) 1. | - | | | | |
| 1. Main Contact Address Phone # 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 | | | | | |
| Main Contact Address Phone # 2. | | (In order of preferer | ice) | | |
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| | Fire Dept Knox Box: 0 Yes | | | | |
| | | | | | ate of Inspection must be |
| Signature Owner/ Representative Date Date | Signature Owner/ Repre | | | | |
| Date Application returned Use Group | Date Application return | ed | Use Grou | р | |
| Fee | | | Fee | | |