

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

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 OFFICAL USE ONLY

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

CANARY ■ POLICE DEPARTMENT

WHITE ■ FIRE DEPARTMENT