



**Township of Pennsauken
Fire Department**

Office of the Fire Marshal

2215 Merchantville Avenue
Pennsauken, NJ 08110
856-665-0774

Property Owner Registration Form

Please type or print all information

Property Address: _____
Name of Corporation/LLC: _____ (if applicable)
Building Square Feet: _____ Year Building Built: _____
Business Phone: _____ Business Fax: _____

Property Owner: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Office Phone: (____) _____ Cell Phone: (____) _____
Email Address: _____
Emergency Contacts: Name _____ Phone # (____) _____
Property Manager: _____
Cell Phone: (____) _____ Email Address: _____

Fire Alarm: YES ☐ NO ☐ Sprinkler System: YES ☐ NO ☐

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent :

Name: _____ Cell Phone: (____) _____
Address: _____ City/State/Zip: _____
Email: _____

Signature of Applicant

Date

By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

ALL LINES NEED TO BE FILLED-OUT OR THE FORM WILL BE CONSIDERED INCOMPLETE

VIOLATION WILL BE ISSUED