

**PROPERTY REGISTRATION**

**PLEASE COMPLETE AND RETURN WITH APPLICATION FOR  
CERTIFICATE OF INSPECTION TO:**

**OLD BRIDGE FIRE DISTRICT #3  
913 ENGLISHTOWN ROAD  
OLD BRIDGE, NJ 08857  
732-723-1124 – phone  
732-723-9658 - fax**

Name of Business: \_\_\_\_\_

Address of property: \_\_\_\_\_  
\_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Business/Premises Phone #: \_\_\_\_\_

Nearest cross street: \_\_\_\_\_

Date of original registration: \_\_\_\_\_

Bill to: \_\_\_\_\_ Property \_\_\_\_\_ Business Owner \_\_\_\_\_ Building Owner

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Business Owner's Name: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_  
\_\_\_\_\_

Business Owner's City, State & Zip: \_\_\_\_\_

Business Owner's Phone #: \_\_\_\_\_

Business Owner's Home Phone #: \_\_\_\_\_

Business Owner's Federal ID: \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual  
\_\_\_\_\_ LLC \_\_\_\_\_ Condominium \_\_\_\_\_ Cooperative \_\_\_\_\_ Government

**PROPERTY REGISTRATION – PAGE TWO**

Building Owner's Name: \_\_\_\_\_

Building Owner's Address: \_\_\_\_\_

Building Owner's City, State & Zip: \_\_\_\_\_

Building Owner's Phone #: \_\_\_\_\_

Building Owner's Federal ID #: \_\_\_\_\_

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Emergency Contact #1 – Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact #2 – Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact #3 – Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Number of stories: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Year of Construction: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Fire Suppression System(s): \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_