INSPECTION DATE:		[] NEW APPLICATION
198 N	ENFIELD FIRE PREVENT N. WASHINGTON AVE BERGENF EL. # 201-387-4055 EXT. 4074 FAX. 8	ELD, N.J. 07621
Borough of Bergenfield Code Ch 30 DAYS of notification. Any for charge of 50% of the original for every 30 days that the said completed Registration form be a	NON-LIFE HAZARD USE hapter 157 Section 8 B. requires fee not paid within 30 days of fee, and an additional fee of 10 fees are not paid. N.J.A.C 5:7 returned within 30 days or a ped. Said late charges shall be conotify.	the registration fee shall be paid within notification shall incur a late penalty % of the original fee will be charged 0-2.12(b) 8.i. also requires, that the nalty of not less than \$200.00 and no lue and payable without any further
Condominium Cooperative	reGovernment Agency L	LC Corporation
Other:		
	ENT RECEIVING SERVICE OI	F NOTICE AND ORDERS:
NAME:	FIRST	MIDDLE INIITIAL
HOME ADDRESS:		
		Zip code:
Primary Contact #	Email	
E	BUSINESS LOCATION INFOR	MATION
Name of Business:		
Address or location:		
Suite or Room Number:	_Bergenfield, NJ 07621, Ber	gen County
Business Phone Number:	S	quare Footage:
Brief Description of Business U	Use:	
Address:		
Telephone Number:	24 Hour Emergency #	

Your Alarm Account #:____

Insurance Co. Name:			
Policy #:			
Building Owner's name:			
Address:			s
Tel. #:			
LEASED or OWNED floor area(s) of Bus Based on total square footage from chart at		REGISTRATIO	N FEE CHART
Basement sq. ft.		Class A up to 2,000 sq. ft.	\$65.00
First floor sq. ft		Class B 2,001 to 5,000 sq. ft.	\$90.00
Second floor sq. ft.		Class C 5001 to10, 000 sq. ft.	\$190.00
Third floor sq. ft		Class D More than 10,000 sq. ft.	\$225.00
Total square footage.			
Class E Multiple Dwelling Un	its only:		
1 to 3 units \$75.00. Above 3 units \$75.00 Plus \$10.00 per un	nit above 3 units		
		ORDER PAYABLE TO***** VENTION BUREAU	
List the names, addresses and titles officers:	of each general pa	artner, (if a corporation) the co	orporate
Name & Title:			
Address:		*	
Primary Contact #	Ema:	i1	
Name & Title			
Address			
Primary Contact #	Emai	1	
Name & Title:			
Address:			
Primary Contact #	Emai	1	
I certify that the information provided on	this form is correc	et and that I am authorized to com	plete this form:
		1	(40)
(SIGNATURE)	(TITLE)	/	