BOROUGHS OF RUMSON & FAIR HAVEN-SHARED SERVICES

Internal use only: DATE OF INSPECTION_____4:30-6:30PM

BUREAU OF FIRE PREVENTION-COMMERCIAL CCO APPLICATION

MHAWLEY@RUMSONNJ.GOV

BOROUGH OF RUMSON or FAIR HAVEN (circle one)

CCO APPLICATION (NON UCC) FOR COMMERCIAL $100

SALE OR RENTAL (circle one)

Property Address: _____ Block ____Lot_____

Property Owner_____

Mailing Address_____

Property Owner Phone # _____

TENANT INFORMATION:

Name of New Business_____

Business Use_____

Name of Business Owner/Tenant_____

Business Owner/Tenant Phone Number_____

Business Owner/Tenant Email Address_____

Occupancy Change Date _____

Inspection Representative Name and Phone Number_____

_____

ZONING PERMIT REQUIRED AND MUST BE ATTACHED TO THIS APPLICATION

EMERGENCY CONTACT INFORMATION FORM RUMSON/FAIR HAVEN FIRE PREVENTION BUREAU

NAME AND ADDRESS OF BUSINESS_____

NAME AND OF BUSINESS OWNER _____PHONE #_____

BUSINESS OWNER ADDRESS _____

TYPE OF BUSINESS: BUSINESS -- MERCANTILE – EDUCATIONAL – ASSEMBLY – STORAGE – OTHER (CIRCLE)

SQUARE FOOTAGE OF BUSINESS _____

HOURS OF OPERATION _____

AVERAGE NUMBER OF EMPLOYEES ON SITE _____

HAZARDOUS MATERIALS STORED? YES ____ NO ____

FIRE ALARM SYSTEM: SPRINKLERS _____ SMOKE DETECTORS _____ HEAT DETECTORS _____

ALARM COMPANY NAME-ADDRESS-PHONE NUMBER

_____#_____

EMERGENCY CONTACTS:

NAME _____PHONE #_____

ADDRESS_____

NAME_____PHONE#_____

ADDRESS_____

NAME_____PHONE#_____

ADDRESS_____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

PRINT NAME _____

SIGN_____DATE_____