



**CITY OF CAMDEN  
FIRE DEPARTMENT  
FIRE MARSHAL'S OFFICE**  
4 North 3<sup>rd</sup> Street Camden, New Jersey 08102  
Phone (856) 757-7531 Fax (856) 757-7243  
EMAIL: [RaBarker@ci.camden.nj.us](mailto:RaBarker@ci.camden.nj.us)



**Joseph B. Tull**  
Chief Fire Marshal

**FIRE INSPECTION REGISTRATION FORM**

This area for Office Use Only

Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Do you  Own or  Lease The property (Check One)

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Type: Individual  Partnership  Corporation  Other

Manager / Agent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Alarm Suppression System Information:**

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Description of Use / Occupancy of this building / business:**

**Construction Information:**

Building Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Knox Box Location: \_\_\_\_\_

Truss Construction: FLOOR  ROOF  FLOOR / ROOF  Square Footage: \_\_\_\_\_

Standpipe System: \_\_\_\_\_ Sprinkler System: \_\_\_\_\_

Special Hazards: \_\_\_\_\_

**I CERTIFIED THAT ALL STATEMENTS MADE ABOVE ARE TRUE**

Signature: \_\_\_\_\_ Print Name / Title \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**IF NO CHANGES HAVE OCCURRED PLEASE DISREGARD THE REGISTRATION FORM**