



**3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."**  
(Address must not be a PO Box)

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

Address: \_\_\_\_\_  
                    Number                    Street Name

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**4. Briefly describe the building types and / or uses or businesses you own.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- **Part B – Business Location Information** -----  
(Physical location and name of the business)

**5. Name of Building or Business:** \_\_\_\_\_

Building Location: \_\_\_\_\_  
(Number and Street)

Suite or Room Number: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: \_\_\_\_\_

**6.** \_\_\_\_\_  
                    Block Number                    Lot Number                    Municipal Tax Account Number

**7.** \_\_\_\_\_  
                    Height of Building (in feet)                    Number of Stories                    Square Footage                    Occupant Load

----- **Part C – Certification** -----

**8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.**

\_\_\_\_\_  
Signature of Owner or Agent Completing This Form                    Date

\_\_\_\_\_  
Printed Name of Owner or Agent Completing this Form                    Title

\_\_\_\_\_  
Street Address of Owner or Agent Completing This Form

\_\_\_\_\_  
City                    State                    Zip Code

Telephone Number of Owner or Agent Completing This Form: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_