

# FIRE DEPARTMENT

CITY OF PLEASANTVILLE  
OFFICE OF FIRE PREVENTION



Keven Vanegas, Fire Chief  
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1 N. First Street  
PLEASANTVILLE, N.J. 08232

## Business Registration & Annual Inspections Fees

When more than one (1) Business exists at stated property, each business **MUST BE** registered separately in accordance with Ordinance 1-2013 Enforcement of The New Jersey Uniform Fire Safety Act.

The Fire Official and/or Fire Inspector **SHALL** conduct an inspection prior to the issuance of a "**Certificate of Inspection.**" When there is a change in **TENANT(S), BUSINESS OWNER(S), a NAME CHANGE, or MECHANICAL LICENSE** issued, a **NEW** Registration of Business Application **MUST BE SUBMITTED** with Inspection of the premises to follow.

<b>SQUARE FOOTAGE</b>	<b>FEE:</b>
(Check/Money Order Payable to ( <b>City of Pleasantville</b> ) NO CASH)	
(B-1) under 500 square feet	\$75.00
(B-2) 501 square feet to 4,999 square feet	\$125.00
(B-3) 5,000 square feet to 9,999 square feet	\$160.00
(B-4) over 10,000	\$200.00

Payment must accompany application for Registration of Business for processing, scheduling, & receipt of "Certificate of Fire Inspection" for full compliance. **NON-PAYMENT** of the registration fee(s) within 30 days of Inspection (Pass or Fail) **SHALL RESULT in a PENALTY** of the original fee(s) **PLUS 2X's** the original fee and up to a possible **ORDER to CEASE OPERATIONS**. This form **MUST BE** filed annually with the appropriate registration fee(s). With no change of business information from prior inspections (Name change, contact info, change in management, etc.), the current registration form may remain and **ONLY** the appropriate fee(s) **SHALL BE** paid.

**FAILURE TO SUBMIT THIS REGISTRATION FORM WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500**

## BUSINESS TYPE

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ CORPORATION

☐ OTHER

BUSINESS NAME: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ STATE / ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ OWNER PHONE: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_ OWNER EMAIL: \_\_\_\_\_

FEDERAL / STATE I.D. NUMBER (If Applicable): \_\_\_\_\_

### **Complete below for all correspondence, actions, orders, & notices to be sent**

ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ STATE / ZIP CODE: \_\_\_\_\_

BUSINESS/PROPERTY MANAGER: \_\_\_\_\_

MANAGER PHONE: \_\_\_\_\_ MANAGER EMAIL: \_\_\_\_\_

EMERGENCY CONTACT / PHONE: \_\_\_\_\_

EMERGENCY CONTACT / PHONE: \_\_\_\_\_

PROPERTY OWNER(S) NAME / PHONE: \_\_\_\_\_

**Payment must accompany application for Registration of Business for processing, scheduling, & receipt of "Certificate of Fire Inspection" for full compliance. NON-PAYMENT of the registration fee(s) within 30 days of Inspection (Pass or Fail) SHALL RESULT in a PENALTY of the original fee(s) PLUS 2X's the original fee and up to a possible ORDER to CEASE OPERATIONS. This form MUST BE filed annually with the appropriate registration fee(s). With no change of business information from prior inspections (Name change, contact info, change in management, etc.), the current registration form may remain and ONLY the appropriate fee(s) SHALL BE paid.**

**Official Use Only**  
**Do Not Write Below this Line**

**PROPERTY:**    **PASSED** ☐    **FAILED** ☐ (Explanation of Violation(s) Attached)

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**LOCAL I.D.#** \_\_\_\_\_

**STATE I.D.#** \_\_\_\_\_

**CERTIFICATE #** \_\_\_\_\_

**DATE REGISTERED:** \_\_\_\_\_

**BUSINESS REQUIRE TYPE 1 or TYPE 2 PERMIT:**

☐ **YES**

☐ **NO**

**PERMIT TYPE ISSUED:** ☐ **TYPE 1**

☐ **TYPE 2**

**FEE: \$** \_\_\_\_\_

**FIRE INSPECTOR or DESIGNEE:** \_\_\_\_\_

**FIRE OFFICIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_