



Township of Long Hill  
 Office of the Fire Official  
 915 Valley Road  
 Gillette, NJ 07933  
 Phone: 908-647-8000, Ext. 307  
 Fax: 908-647-4150

# Application for Non-Life Hazard Use Occupancy

#1 **NAME & LOCATION OF BUSINESS**

Municipal Code: <b>1430</b>	Block:	Lot:	Qualifier:	NJ State Registration #:	SSN / EIN / TIN
Business Name:			Business Address:		Suite:
City:		State:	Zip:	County:	
Business Telephone:			Email:		
Emergency Contact Name:			Emergency Contact Telephone:		

#2 **Business Ownership Type:**

- Corporation       Private / Individual       Partnership       Condominium  
 Cooperative       Government       LLC Corporation

#3 **Brief Description of Business:**

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#4 **BUSINESS OWNER HOME INFORMATION / MAILING ADDRESS**

Business Owner Name:		Business Owner Home / Mailing Address:	
City:	State:	Zip:	County:
Business Owner Telephone:		Email:	

#5 **BUILDING / PROPERTY OWNER**

Building / Property Owner Name:		Building / Property Owner Mailing Address:	
City:	State:	Zip:	County:
Building / Property Owner Telephone:		Email:	

\_\_\_\_\_ Applicant Name (please print)      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

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**\* FOR OFFICIAL USE ONLY \***

Use Group: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_ Local ID: \_\_\_\_\_  
 Height of Building: \_\_\_\_\_ Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Non LHU Type: _____	Type Description: _____	Fee: _____
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\_\_\_\_\_ Fire Official Signature