

ELEVATOR SAFETY UNIT REGISTRATION INSTRUCTIONS:

Complete the enclosed application and return within 30 days to: **Department of Community Affairs
Elevator Safety Unit
P O Box 816
Trenton NJ 08625**

You are required to pay a registration fee of \$76.00 per device. You may enclose payment with your application. Make check or money order payable to **Treasurer State of New Jersey. DO NOT SEND CASH.** Please record on the front of application form the payment amount enclosed. If payment is not enclosed you will be billed later.

Section 1: Building information – If the building name and address printed on the upper right corner of application form are incorrect please correct in the space provided. **If the building referenced on this form is one of a project, a separate form must be filed for each building within the project.** The space entitled building name should be used to provide a reference. Even if the building has no official name, it may be commonly referred to in some fashion; please indicate either here. If the building is one in a project where individual buildings are identified by either a letters or numbers, use this space to indicate that letter or number (i.e. bldg 1, bldg D). **In the space entitled Building Street Number and Street Name please do not fill in PO Box or RD number but rather the actual location of the building.** In addition, please fill in the municipality and county to which taxes are paid, the lot and block number and the use group classification of the structure for which this form is being submitted. A listing of all use group classifications is provided below for your convenience.

USE GROUP CLASSIFICATIONS

A1 Assembly- Theater with stage	F-2 Factory & Industrial- Low Hazard	R-1 Residential (less than 30 days)
A-2 Assembly- Theater without stage	H -1 High Hazard- Detonation	Hotels, Motels, Boarding Homes
Night Club, Dance Hall	H-2 High Hazard – Deflagration	R-2 Residential (more than 29 days)-
A-3 Assembly- Museum, Library	H-3 High Hazard – Combustion, Physical	Multi Family Dwellings, Dormitories
Restaurant, Lecture Hall	H-4 High Hazard – Health	R-3 Residential- 1 & 2 family units
A-4 Assembly- Religious, Church	I-1 Institutional (Residential Care)	5 lodgers or less each
A-5 Assembly- Outdoor, Grandstand,	Supervised residential home for 6+	R-4 Residential- Detached 1 & 2 family
Tent Stadium, Coliseum	I-2 Institutional (Incapacitated)- Medical	Units, up to 3 stories
B – Business use	Nursing Care	S-1 Storage- Moderate Hazard
E – Educational/Day Care	I-3 Institutional (Restrained) – Jail,	S-2 Storage- Low Hazard
F-1 – Factory & Industrial- Moderate	Asylum, Reformatory	U Utility- Accessory buildings
Hazard	M – Mercantile building	Miscellaneous structures

Section II: Owner Information – If the owner name, as defined in Section 4 of Subchapter 1 of the Uniform Construction Code, and the owner address printed in the upper left hand corner of the application form is incorrect, please correct in the space provided. If the owner is a corporation, state the corporate name in the space provided for *Owner Name (1)* and the name of the person or department to which future correspondence should be directed in the space provide for *Owner Name (2)*: . In addition, please complete the owner telephone number and indicate ownership type. If the ownership is *Government*, please fill in type of government (i.e. Local, County, State or Federal,) in the space provided. **OWNERS INFORMATION MUST BE A NEW JERSEY MAILING ADDRESS**

Section III: Contact Information - Please enter the name, address and telephone number of the person or firm responsible for the maintenance of the building. Such person or firm should have access to the building for future scheduling of periodic inspections.

Section IV: Device Information – **Please complete a separate Section IV for each type of device in the building. At least one elevator or other device must be specified.** Be sure to fill in the *Manu factor*. If the device type is an elevator, be sure to fill in the number of stories to which the elevator travels in the space entitled Height in Stories. If additional Section IV's are needed, please photocopy this portion of the form and attach. In accordance with section 1 Subchapter 12, all elevator devices within the structure for which this form is being submitted, must be registered. If the structure contains several devices that are **identical**, enter the total number of the like devices within the structure in the space entitled *Number of Identical Devices in Building*. You do not have to fill out a separate Section IV for each like device.

If you should have any questions or need assistant in completing this application, please contact the Elevator Safety Unit at (609) 984-7833.



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
 DIVISION OF CODES AND STANDARDS
 BUREAU OF CODE SERVICES
 ELEVATOR SAFETY UNIT

APPLICATION FOR REGISTRATION

OWNER NAME AND ADDRESS:

DATE ISSUED:

BUILDING NAME AND ADDRESS:

APPLICATION #:

*PRINT or TYPE all information. Application is due 30 days after receipt.
 Please see attached for instructions and payment information.*

SECTION I BUILDING INFORMATION

PAYMENT AMOUNT ENCLOSED: \$ _____

Building Name: _____

Building Street Number: _____ Building Street Name: _____

Building City: _____

Municipality: _____
 (To which taxes are paid)

Lot: _____ Block: _____ Use Group: _____ (see instructions)

SECTION II: OWNER INFORMATION

Owners Name (1): _____

Owners Name (2): _____

**FOR OFFICE USE ONLY
 COMU CODE:**

Owners Street Address: _____

Owners City: _____ State: _____ Zip-Code: _____ - _____

Owners Phone Number: _____ Fax Number: _____

Ownership Type: Corporate Individual/Sole Proprietorship Partnership
 (Please Check) Government-Type _____ Other- explain _____

SECTION III: CONTACT INFORMATION

Contact Name: _____

Contact Street Address: _____

Contact City: _____ State: _____ Zip-Code: _____ - _____

Contact Phone Number: _____ Fax Number: _____

Date of Transfer Of Owner	_____
	(closing date)

In State Agent	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
Manager	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()

Net lessee or any other person in control of the property (other than record owner)	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()

Corporate Officers Or General Partners	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()

Registered Agent (Corporations Only)	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()

Is this an amended registration? <input type="checkbox"/> yes <input type="checkbox"/> no Registration number? _____

Owner Signature (s)

X _____
Signature

X _____
Print Name