



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

**APPLICATION FOR REGISTRATION**

DATE ISSUED:

OWNER NAME AND ADDRESS:

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.) County:

Lot #: Block: Use Group: (See instructions)

**FOR OFFICE USE ONLY  
COMU CODE:**  
\_\_\_\_\_

**SECTION II: OWNER INFORMATION**

Owner Name (1):

Owner Name (2):

Owner Street Address:

Owner City: State: Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ownership Type: (Please check.)  
 Corporate    Individual/Sole Proprietorship    Partnership  
 Government—Type \_\_\_\_\_    Other—explain \_\_\_\_\_

**SECTION III: CONTACT INFORMATION**

Contact Name:

Contact Street Address:

Contact City: State: Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



**Date of Transfer of Ownership** (Closing Date)

<b>In County Agent</b>	Name			
	Address (P.O. Box not acceptable)			
	City	Zip	County	Phone ( )
<b>Manager</b>	Name			
	Address			
	City	Zip	County	Phone ( )

<b>Net lessee or any other person in control of the property (other than record owner)</b>	Name			
	Address			
	City	Zip	County	Phone ( )
<b>Corporate officers or general partners</b>	Name			
	Address			
	City	Zip	County	Phone ( )
	Name			
	Address			
	City	Zip	County	Phone ( )
	Name			
	Address			
	City	Zip	County	Phone ( )
<b>Registered agent (Corporations Only)</b>	Name			
	Address			
	City	Zip	County	Phone ( )

Is this an amended registration?  Yes  No      Registration Number \_\_\_\_\_

**Owner Signature(s)**

X \_\_\_\_\_  
 X \_\_\_\_\_

*Print or Type Name Under Each Signature*

## ELEVATOR SAFETY REGISTRATION INSTRUCTIONS:

Complete the enclosed application and return within 30 days to: **Department of Community Affairs  
Division of Codes and Standards  
Bureau of Code Services  
Elevator Safety Unit  
PO Box 816  
Trenton, NJ 08625-0816**

**You are required to pay a registration fee of \$54 per device.** You may enclose payment with your application. Make check or money order payable to *Treasurer, State of NJ*. **DO NOT MAIL CASH.** Please record on the front of the application form the payment amount enclosed. If payment is not enclosed you will be billed later.

**Section I: Building Information** - If the building name and address printed on the upper right corner of this application form are incorrect please correct in the spaces 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 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 numbers 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)- Hotel, Motels, Boarding Houses
A-2	Assembly- Theater without stage, Night Club, Dance Hall	H-1	High Hazard- Detonation	R-2	Residential (more than 29 days)- Multi Family Dwellings, Dormitories
A-3	Assembly- Museum, Library, Restaurant, Lecture Hall	H-2	High Hazard- Deflagration	R-3	Residential-1&2 family units, 5 lodgers or less each
A-4	Assembly- Religious, Church	H-3	High Hazard- Combustion, Physical	R-4	Residential- Detached 1 & 2 family units, up to 3 stories
A-5	Assembly- Outdoor, Grandstand, Tent Stadium, Coliseum	H-4	High Hazard- Health	S-1	Storage- Moderate Hazard
B	Business use	I-1	Institutional (Residential Care) Supervised residential home for 6+	S-2	Storage- Low Hazard
E	Educational/Day Care	I-2	Institutional (Incapacitated)- Medical, Nursing Care	U	Utility- Accessory buildings and miscellaneous structures
F-1	Factory & Industrial- Moderate Hazard	I-3	Institutional (Restrained) - Jail, Asylum, Reformatory		
		M	Mercantile building		

**Section II: Owner Information** - If the owner name, as defined in Section 4 of Subchapter 1 of the Uniform Construction Code, and owner address printed on the upper left corner of this application form are incorrect, please correct in the spaces 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 provided for *Owner Name (2)*:. In addition, please complete the owner telephone number and indicate ownership type. If the ownership type is *Government*, please fill in the type of government (i.e. Local, County, State or Federal,) in the space provided.

**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 *Manufacturer*. 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 IVs are needed, please photocopy this portion of the form and attach. In accordance with section 1 of 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 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 assistance in completing this application, please contact the Elevator Safety Unit at (609) 984-7833.