

New Hope Borough
2021 Annual Mercantile Fire Prevention and Life Safety Questionnaire

PROPERTY ADDRESS: _____

PROPERTY OWNER INFORMATION

Owner Name: _____ Phone: _____

Owner Address: _____ Email: _____

COMMERCIAL PROPERTY INFORMATION

Number of Retail Units: _____ Number of Stories: _____

Number of Residential Units: _____ Total Square Footage: _____

Please provide noted information for each mercantile and residential unit. Additional space on reverse side.

COMMERCIAL	Unit ____	Unit ____	Unit ____	Unit ____
Business Name				
Business Phone				
Business E-Mail				
Business Hours of Operation				
Approximate # of Employees				
Business Type	__Retail __Office __Restaurant/Bar/ Food Service __Other_____	__Retail __Office __Restaurant/Bar/ Food Service __Other_____	__Retail __Office __Restaurant/Bar/ Food Service __Other_____	__Retail __Office __Restaurant/Bar/ Food Service __Other_____
Approximate Square Footage				
Cooking on Premises	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Fire Suppression/Sprinkler System	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Monitored Fire Alarm System	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Number of Extinguishers				
Posted Occupancy Load #				

RESIDENTIAL	Unit ____	Unit ____	Unit ____	Unit ____
Tenant Last Name				
Location	__1 st Floor __2 nd Floor __3 rd Floor __Other_____	__1 st Floor __2 nd Floor __3 rd Floor __Other_____	__1 st Floor __2 nd Floor __3 rd Floor __Other_____	__1 st Floor __2 nd Floor __3 rd Floor __Other_____
Approximate Square Footage				
Number of Bedrooms				
Number of Occupants				
Fire Suppression/Sprinkler System	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Monitored Fire Alarm System	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No

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COMMERCIAL	Unit ____	Unit ____	Unit ____	Unit ____
Business Name				
Business Phone				
Business E-Mail				
Business Hours of Operation				
Approximate # of Employees				
Business Type	<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Restaurant/Bar/ Food Service <input type="checkbox"/> Other _____	<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Restaurant/Bar/ Food Service <input type="checkbox"/> Other _____	<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Restaurant/Bar/ Food Service <input type="checkbox"/> Other _____	<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Restaurant/Bar/ Food Service <input type="checkbox"/> Other _____
Approximate Square Footage				
Cooking on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Suppression/Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Fire Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Extinguishers				
Posted Occupancy Load #				

RESIDENTIAL	Unit ____	Unit ____	Unit ____	Unit ____
Tenant Last Name				
Location	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> 3 rd Floor <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> 3 rd Floor <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> 3 rd Floor <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> 3 rd Floor <input type="checkbox"/> Other _____
Approximate Square Footage				
Number of Bedrooms				
Number of Occupants				
Fire Suppression/Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Fire Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby attest that I am the property owner or agent for the owner of _____
PROPERTY ADDRESS

The information provided in this document is true to the best of my knowledge or belief.

 PRINT NAME

 SIGNATURE

 DATE