

New Hope Borough
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 |
| Fire Suppression/Sprinkler System | __ Yes __ No |
| Monitored Fire Alarm System | __ 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 |
| Monitored Fire Alarm System | __ Yes __ No |

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|---------------------------------------|---|---|---|---|
| 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 |
| Fire Suppression/ Sprinkler System | __ Yes __ No |
| Monitored Fire Alarm System | __ 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 |
| Monitored Fire Alarm System | __ Yes __ 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