

**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.

<b>COMMERCIAL</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>
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 #				

<b>RESIDENTIAL</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>
Tenant Last Name				
Location	__1 <sup>st</sup> Floor __2 <sup>nd</sup> Floor __3 <sup>rd</sup> Floor __Other_____	__1 <sup>st</sup> Floor __2 <sup>nd</sup> Floor __3 <sup>rd</sup> Floor __Other_____	__1 <sup>st</sup> Floor __2 <sup>nd</sup> Floor __3 <sup>rd</sup> Floor __Other_____	__1 <sup>st</sup> Floor __2 <sup>nd</sup> Floor __3 <sup>rd</sup> 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

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

<b>COMMERCIAL</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>
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 #				

<b>RESIDENTIAL</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>	<b>Unit ____</b>
Tenant Last Name				
Location	<input type="checkbox"/> 1 <sup>st</sup> Floor <input type="checkbox"/> 2 <sup>nd</sup> Floor <input type="checkbox"/> 3 <sup>rd</sup> Floor <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 <sup>st</sup> Floor <input type="checkbox"/> 2 <sup>nd</sup> Floor <input type="checkbox"/> 3 <sup>rd</sup> Floor <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 <sup>st</sup> Floor <input type="checkbox"/> 2 <sup>nd</sup> Floor <input type="checkbox"/> 3 <sup>rd</sup> Floor <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 <sup>st</sup> Floor <input type="checkbox"/> 2 <sup>nd</sup> Floor <input type="checkbox"/> 3 <sup>rd</sup> 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