

New Britain Township

Emergency Management Information Request

Please Read Directions First

1. Type or Print clearly all answers.
2. If a question is not applicable write N/A.
3. Mail completed form to New Britain Township, 207 Park Ave., Chalfont, Pa 18914
4. If you have any questions, call the Township at 215-822-1391 and ask for Randy Teschner.

General Information

*Name of Business/Church School _____

*Name of Owner _____

*Phone Number _____ - _____ - _____ Ext _____

*Type of business/activity _____

*Days of Operation _____

*Hours of Operation _____

*Owner of Property _____ Phone# _____

General Location

*Address of Building _____

*Mailing address if different from the above address:

*Post Office _____ Zip Code _____

*Development/Complex Name if applicable: (e.g. New Brit Vil Sq)

Building & Site plan

Please submit a building plan with interior lay out, location of all utility shut offs, sprinkler connections, site plan showing fire hydrants, and driveways on an 8.5" x 11" paper.

Emergency Information

*Person to contact after hours for emergencies: _____

*Title/Position of contact person#1: _____

*Contact person#2: _____

*Title/Position of contact person#2: _____

*Person#1 Ph# (home) _____ - _____ - _____ Ext _____

*Person#1 Ph# (work) _____ - _____ - _____ Ext _____

*Person#2 Ph# (home) _____ - _____ - _____ Ext _____

*Person#2 Ph# (work) _____ - _____ - _____ Ext _____

*Other (Person/Ph#): _____

Alarm Information

*Do you have a monitored fire alarm system? Yes or No

Type of Fire alarm devices on the system?

*smoke detectors? Yes or No

*heat detectors? Yes or No

*pull stations? Yes or No

*horn strobes? Yes or No

*If your alarm is a “monitored alarm,” who monitors the alarm? Please give the name of your fire alarm company: _____

*Phone Number of your fire company _____

*If you do not have a fire alarm system, do you have the following

*110 volt smoke detectors? Yes or No with battery back-up? Yes or No

*Battery smoke detectors? Yes or No

*Do you have a sprinkler system? Yes or No

Fire Marshal’s Inspection

*Have you had a Fire Marshal’s Inspection in the last year? _____

*Date of last Fire Marshal’s Inspection was: _____