

**APPLICATION AND
CERTIFICATION IN LIEU OF
INSPECTION FOR CERTIFICATE
OF SMOKE ALARM, CARBON MONOXIDE
ALARM, AND PORTABLE FIRE
EXTINGUISHER COMPLIANCE**

Dwelling Location: Block: _____ Lot: _____
(not mailing address)
Street: _____
Municipality: _____ County: _____

*NOTE: ALL BOXES MUST BE CHECKD IN ORDER FOR CERTIFICATION TO BE VALID

- Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl space; and
 Smoke alarm and carbon monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms
 All smoke alarms are in working order. Carbon monoxide alarm(s) in working order
 Fire extinguisher is the correct size, is properly mounted, and is located within 10 feet of the kitchen
This is a _____ story dwelling with without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke alarms required above shall be located in accordance with NFIPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The alarms are not required to be interconnected. Battery powered alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. The fire extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 et seq).

Please mail certificate to: _____ Phone #: _____

Fax #: _____
Zip: _____

Contact person: _____ Phone #: _____ Closing Date: _____

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Signature

Applicant Signature

Printed Name

Note: Once issued, a Certificate is not transferable, nor is a fee refundable. If the change of occupant does not occur within 6 months, a new application shall be required.

FOR OFFICE USE ONLY

Log Number: _____ Check Number: _____