

**BUREAU OF FIRE PREVENTION
GLOUCESTER TOWNSHIP FIRE DISTRICT 5**

1781 Sicklerville Road, Sicklerville, NJ 08081 ♦ Phone (856) 228-0768 ♦ Fax (856) 374-0424

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

Dwelling Location: Block: _____ Lot: _____

Street Address: _____

Municipality: _____ County: _____

*** NOTE: ALL BOXES MUST BE CHECKED 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, c71 (N.J.S.A. 52:27D-1981.1 et seq).

Please mail certificate to: _____

_____ Zip: _____

Phone #: _____ Fax#: _____

Email: _____

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 me this _____ day of _____, 20_____.

Notary Signature

Applicant Signature

Printed Name

2021 Inspection Checklist & Fee Schedule

House Address Numbers are numerical characters, contrasting color from the house, at least 4" high, permanently affixed to the house & visible from the street. Light post or mailbox numbers are NOT acceptable.

Smoke Alarms

- Smoke alarm located on every level of the dwelling
- Basement level alarm is located at the bottom of stairwell, at ceiling level (not between joists).
- Bedroom hallway alarms **MUST** be within 10 feet of ALL bedroom doors.
- Electric smoke alarms (hardwired) **CAN NOT** be replaced with battery operated alarms.
- Do **NOT** install smoke alarms in kitchen, bathrooms, near forced air ducts or furnaces, in the "dead air" space where the ceiling meets the wall, close to ceiling fans, in crawl spaces or attics.
- Battery operated smoke detectors **must** be powered with a 10-year lithium battery. **Battery smoke detectors cannot replace hardwired smoke alarms.**
- **Smoke Alarms MUST be less than 10 years old and operational.**

Carbon Monoxide Alarms

- Located in the hallway, within 10 feet of ALL bedroom doors.
- Installed per manufacturer's instructions.
- Carbon monoxide alarm(s) are less than 7 years old and are operational.
- Do **NOT** place alarms in electrical outlets that can be turned off by a switch or that are located against floor molding. Plug-in, battery powered and hardwired CO alarms are acceptable.

Fire Extinguisher

- ABC type, rated for residential use.
- No smaller than a 2A-10B:C.
- Must be dated or tagged for current year by a certified Division of Fire Safety contractor or have the receipt of a recently purchased extinguisher.
- Must be MOUNTED within 10 feet of the kitchen (on bracket provided by manufacturer) and located in the path of egress.
- **Readily accessible and not obstructed from view.**

Fees:

NOTARY date is 10 or more days prior to settlement date.	\$35.00
NOTARY date is 4-9 days prior to settlement date.	\$70.00
NOTARY date is less than 4 days prior to settlement date.	\$125.00

Payment in Cash, Check, or Money Order. Check made payable to GTFD5

NOTARY Date: _____ Property Address: _____

Payment: ___ Cash ___ Check ___ Money Order Amount Received _____

Fee received by: _____ Fee received from: _____

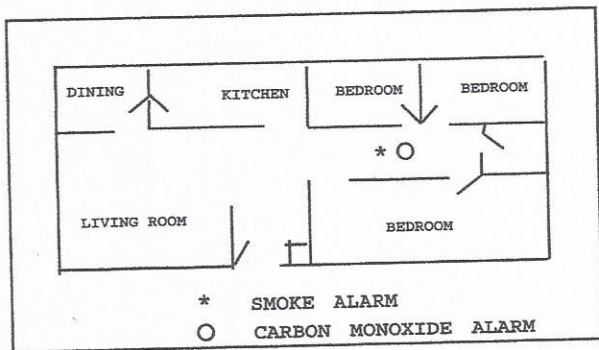


Figure 1

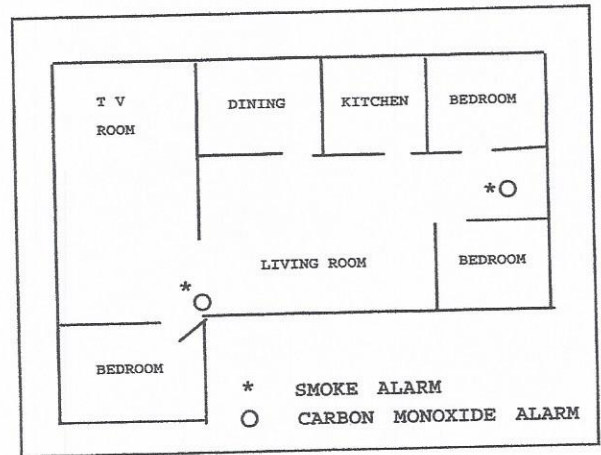


Figure 2

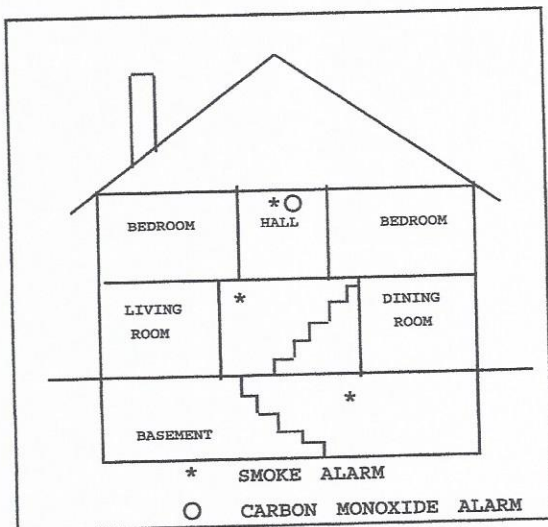


Figure 3

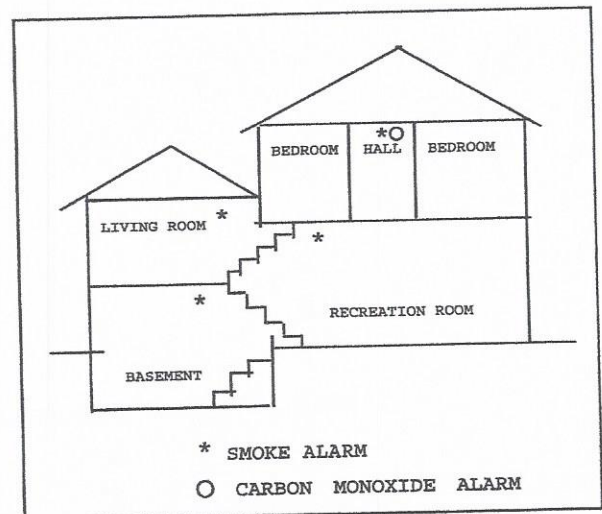


Figure 4

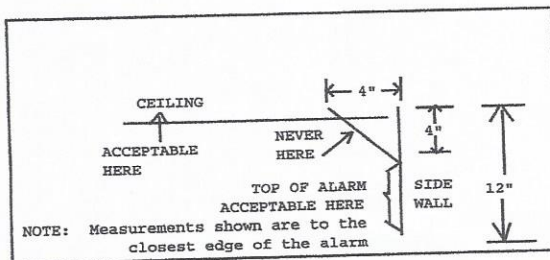


Figure 5