

**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 wilfully false, I will be subject to penalty.

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

Notary Signature

Applicant Signature

Printed Name

FOR OFFICE USE ONLY

Log Number: _____ Check Number: _____