BUREAU OF FIRE INSPECTIONS

TOWNSHIP OF EGG HARBOR
3515 BARGAINTOWN ROAD
EGG HARBOR TOWNSHIP, N.J. 08234-8321

PHONE: (609)926-4070
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[ ] Affidavit (fill out the whole form)
[ ] Request for on sight inspection (fill out top portion only)

Application for One and Two Family Dwelling
Certification of Smoke Detector, Carbon Monoxide Alarm and Portable Fire Extinguisher Compliance

Dwelling Location: Block_____ Lot_____
Street Address:_____
Municipality:_____, New Jersey Zip_____

I,_____ certify that the dwelling at the above referenced location has smoke detectors installed and are in working order as stated below:

[ ] Home built before April 4, 1991, on each level of the dwelling, including basement; (excluding attic or crawl space;) and Vicinity of each separate sleeping area.
[ ] Home built after April 4, 1991, one each level, one in each bedroom, 110 volt interconnected with battery backup.
[ ] All smoke detectors are in working order.
[ ] Carbon Monoxide Alarm installed in immediate vicinity of the sleeping area(s).
[ ] Portable Fire Extinguisher 2 ½ to 10lb. ABC Dry Chemical within 10 ft. of the kitchen.

This inspection shall be conducted by the owner or an authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFPA 74. Battery operated smoke detectors may be used where no 110 volt detector exist. Carbon Monoxide alarms may be battery operated, hard wired or plug in type and shall be listed and labeled in accordance with UL-2034 an installed per N.J.A.C. 5:70-4.19 and NFPA-720.
Address Certificate is to be sent:_____ Phone#:_____
_____ Fax #:_____
_____

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 a penalty.

Sworn and subscribed before me this_____day of, _____20_____

_____ _____
Notary Signature Applicant Signature

_____
Printed Name