

# Fire Prevention Bureau

## Monroe Township Fire District Two

10 Halsey Reed Road • Monroe Twp., NJ 08831

(609) 395-6830 • FAX (609) 395-0483

**Scheduled For**

Date:

\_\_\_/\_\_\_/\_\_\_

### Application For Residential Certification of Smoke Detector and Carbon Monoxide Detector Compliance

In accordance with N.J.A.C. 5:70-2.3

Dwelling location: Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Circle if in (Concordia) (Clearbrook) (The Ponds) (The Encore) (Renaissance) (Stonebridge)

Authorized Agent:

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

I hereby certify that I am the OWNER/AUTHORIZED AGENT for the above described dwelling unit and request an inspection be conducted for the issuance of a CERTIFICATION OF SMOKE DETECTOR and CARBON MONOXIDE DETECTOR COMPLIANCE. I have included payment pursuant to N.J.A.C. 5:70-2.3

Request for smoke detector certification received:

___ <b>more</b> than ten business days	\$ 35.00
___ <b>4-10</b> business days	\$ 70.00
___ <b>fewer</b> than 4 business days	\$125.00
___ re-inspections, <b>for any reason</b>	\$ 30.00

Make Check Payable to: Monroe Township Fire District No. 2

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

#### BUREAU USE ONLY

\_\_\_ Payment Received    \_\_\_ Check    \_\_\_ Cash    Date Received \_\_\_/\_\_\_/\_\_\_    Initial: \_\_\_

Floor: _____	Type: _____	Location: _____	Operable? _____
Floor: _____	Type: _____	Location: _____	Operable? _____
Floor: _____	Type: _____	Location: _____	Operable? _____
Floor: _____	Type: _____	Location: _____	Operable? _____
Floor: _____	Type: _____	Location: _____	Operable? _____

Inspector's Signature: \_\_\_\_\_