

Warren Township Fire Department

46 Mountain Boulevard
Warren, New Jersey 07059
(P) 908-753-8000 Ext. 260 (F) 908-757-9173

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE AND PORTABLE FIRE EXTINGUISHER COMPLIANCE

RENTAL _____ PURCHASE _____ DATE OF CLOSING _____

DATE: _____ BLOCK: _____ LOT: _____

PROPERTY ADDRESS: _____

CURRENT OWNER: _____

PURCHASER: _____

INSPECTION CONTACT NAME AND NIMBER: _____

BATTERY _____ ELECTRICALLY HARD WIRED _____ CENTRAL STATION MONITORED _____

PLEASE NOTE: In accordance with Warren Township Ordinance 2-4.18, the application fee for a certificate of smoke detector and carbon monoxide alarm compliance (CSDCMAC), required by N.J.A.C. 5:70-2.3, shall be based upon the amount of time remaining before the change of occupant. 1) requests for a CSDCMAPFEC received more than 5 business days prior to the change of occupant: **\$50.00**, 2) requests for a CSDCMAPFEC received fewer than 5 business days prior to the change of occupant: **\$80.00**, 3) requests for a CSDCMAPFEC for reinspection prior to the change of occupant: **\$35.00**. Fee payable to **WARREN TOWNSHIP**

By making application for a CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE and PORTABLE FIRE EXTINGUISHER COMPLIANCE (CSDCMAPFEC) for the above residential property in Warren Township, I understand that a satisfactory inspection **MUST** be performed by the Warren Township (CSDCMAPFEC) inspector prior to the issuance of the CSDCMAPFEC pursuant to N.J.A.C. 5:70-2.3 and Warren Township Ordinance 2-4.18.

I hereby certify that the information contained herein is correct. I understand that if the above property is sold or leased before the CSDCMAPFEC is obtained, it **WILL** result in the issuance of a penalty of up to \$500.00 pursuant to N.J.A.C. 5:70-2.12. **I HAVE READ THIS APPLICATION AND UNDERSTAND THE REQUIREMENTS FOR COMPLIANCE LISTED ON THE CSDCMAPFEC INFORMATION FORM. I UNDERSTAND NO SPECIFIC INSPECTION DATES AND TIMES WILL BE GIVEN. INSPECTIONS WILL BE COORDINATED BY THE CSDCMAPFEC INSPECTOR.**

Signature: _____ Date _____

OFFICE USE ONLY

Cash Receipt #: _____ Check #: _____ Date Paid: _____ Amount Paid: _____