



FIRE PREVENTION BUREAU

Office of Fire Marshal
111 River Styx Rd
(973) 770-1200 option 9
Frank Steinberg – Chief Fire Marshal
Smoke Detectors Save Lives!



APPLICATION FOR CERTIFICATION OF SMOKE DETECTOR/CARBON MONOXIDE/FIRE EXTINGUISHER COMPLIANCE FOR ONE & TWO FAMILY DWELLINGS

CURRENT OWNER: _____
PROPERTY ADDRESS: _____
BLOCK: _____ LOT: _____
MAILING ADDRESS: (IF DIFFERENT FROM PROPERTY) _____

MUNICIPALITY: BOROUGH OF HOPATCONG COUNTY: SUSSEX

NOTE: ALL BOXES MUST BE CHECKED BY SELLER OR AGENT IN ORDER FOR FROM TO BE VALID

- I HAVE RECEIVED INSTRUCTIONS ON THE PROPER PLACEMENT OF SMOKE DETECTORS & OTHER REQUIRED LIFE SAFETY DEVICES.
- ALL SMOKE DETECTORS, CARBON MONOXIDE ALARMS, & OTHER FIRE EXTINGUISHERS ARE OR WILL BE IN PROPER WORKING ORDER AND READY FOR INSPECTION ON THE DATE OF INSPECTION.
- THE PORTABLE FIRE EXTINGUISHER SHALL BE INSTALLED WITHIN 10FT. OF THE KITCHEN AREA, AND THE TOP OF THE EXTINGUISHER SHALL BE LOCATED NO MORE THAN 5FT. ABOVE THE FLOOR.
- THE DWELLING BEING MADE SUBJECT TO THIS INSPECTION IS INTENDED TO BE SOLD, RENTED, LEASED OR OTHERWISE MAY SUBJECT TO A CHANGE OF OCCUPANCY.

THE DETECTORS REQUIRED ABOVE SHALL BE LOCATED IN ACCORDANCE WITH NFPA 74. THE DETECTORS ARE NOT REQUIRED TO BE INTERCONNECTED. BATTERY POWERED DETECTORS ARE ACCEPTABLE. NOTE: A-C POWERED AND OR INTERCONNECTED SMOKE DETECTORS INSTALLED AFTER JANUARY 1977 IN HOMES SHALL BE MAINTAINED IN WORKING ORDER. CARBON MONOXIDE DETECTORS REQUIRED SHALL BE LOCATED IN ACCORDANCE WITH NFPA 720 AND N.J.A.C. 5:70-2.3

CONTACT INFORMATION

NAME: _____

TELEPHONE REACH NUMBER: _____ CELL HOME BUSINESS OTHER

CONTACT PERSON IS (CIRCLE ONE) SELLER OWNER BUYER REALTOR TENANT AGENT OTHER

CLOSING DATE _____ DATE OF APPLICATION _____

FEES ARE CALCULATED FROM THE DATE OF APPLICATION TO THE DATE PF CLOSING. CERTIFICATES ARE VALID FOR (180) CALENDAR DAYS FROM THE DATE OF INSPECTION. CSDC/CO/FE CERTIFICATES ARE VALID FOR ONLY (1) ONE CHANGE OF OCCUPANCY.

BY SIGNING THIS APPLICATION I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FORGING STATEMENTS BE MADE BY ME ARE WILLINGLY FALSE, I WILL BE SUBJECT TO PENALTY.

APPLICANT'S SIGNATURE _____

PRINT NAME _____

NOTE: CASH/CHECK/MO in the amount of \$ _____ made payable to the Borough of Hopatcong, must accompany this application. Checks are permissible as long as a forwarding address is given-NO EXCEPTIONS. A CSDC shall not be transferable, if the change of occupancy specified in the application for CSDC does not occur within 180 days from the date of inspection, a new application and inspection will be required.

APPLICATION FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCES
Forwarding address required if paying by personal check

Address _____
City _____
State _____