

# Fire Prevention Bureau

## Monroe Township Fire District Two

130 Applegarth Road • Monroe Twp., NJ 08831  
(609) 443-4444 • FAX (609) 448-7968

**Scheduled For**

Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_

### 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)

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 than ten business days</b>	\$ 35.00
___ <b>4-10 business days</b>	\$ 70.00
___ <b>Fewer than 4 business days</b>	\$125.00
___ <b>Re-inspections</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? \_\_\_\_\_

CO Floor: \_\_\_\_\_ Type: \_\_\_\_\_ Location: \_\_\_\_\_ Operable? \_\_\_\_\_

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