



MONROE TOWNSHIP FIRE PREVENTION BUREAU

DISTRICT #2 10 HALSEY REED ROAD MONROE TOWNSHIP NJ 08831

PHONE (609) 395-6830

FAX (609) 395-0483

WEBSITE STATION57.ORG

Scheduled For
Date: ___/___/___
Time: AM / PM

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

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

Block Number _____ Lot Number _____

Street Address _____

Owner Name _____

Phone (____) _____

Community Name *(if applicable)* _____

Authorized Agent Name: _____

Phone (____) _____

Business Name _____

Street Address _____

City _____

State _____ Zip Code _____

Does your residence have a low-voltage or wireless monitored alarm system? YES NO *(circle one)*

(Residents of the Concordia community should select "YES" for this question.)

If your residence has a low-voltage or wireless monitored fire alarm you will be required to provide a letter from your alarm company, certified NJ state alarm contractor, or licensed electrician that the alarm has been tested and in working condition. You must present this letter at time of inspection in lieu of the alarm system being tested as per the NJ Uniform Fire Code.

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 pursuant to N.J.A.C 5:70-2.3.

Request for smoke detector certification received:

- ___ **more** than ten business days \$45.00
- ___ **4-10** business days \$90.00
- ___ **fewer** than 4 business days \$161.00
- ___ re-inspections, **for any reason** \$30.00

Please make check or money order payable to: Monroe Township Fire District No. 2. **Monroe Twp. Fire Dist. #2 does not accept CASH.**

Signature _____

Date / /

BUREAU USE ONLY

___ Payment Received

Check# _____

Date Received ___/___/___

Initial: _____