



**APPLICATION FOR DWELLING SMOKE DETECTOR,
CARBON MONOXIDE & FIRE EXTINGUISHER
CERTIFICATION**

MONTCLAIR FIRE DEPARTMENT
FIRE PREVENTION BUREAU
1 PINE STREET, MONTCLAIR, NJ 07042
PHONE: 973-509-4769 FAX: 973-744-2897

*Forward Application to: FirePrevention@montclairnjusa.org , once
the application is submitted call our office to make an appointment*

FOR OFFICIAL USE ONLY

DATE REC'D:	# SD	# CO:
HARWIRE LETTER: <input type="checkbox"/>	# EXTINGUISHER:	CHECK #:
INSPECTION DATE:		
INSPECTOR'S NAME:		

1. PROPERTY ADDRESS:	APT/UNIT#:	SALE <input type="checkbox"/>	RENTAL <input type="checkbox"/>	HARD-WIRED /WIRELESS: YES <input type="checkbox"/> NO <input type="checkbox"/>
CURRENT OWNER'S NAME:		NEW BUYER'S/TENANT'S NAME:		
ADDRESS:		ADDRESS:		
CITY/STATE/ZIP:		CITY/STATE/ZIP:		
PHONE #:		PHONE #:		
SELLER'S REALTOR NAME:		BUYER'S/TENANT'S REALTOR NAME:		
ADDRESS:		ADDRESS:		
CITY/STATE/ZIP:		CITY/STATE/ZIP:		
PHONE #:		PHONE #:		
SELLER'S LAWYER NAME:		BUYER'S/TENANT'S LAWYER NAME:		
ADDRESS:		ADDRESS:		
CITY/STATE/ZIP:		CITY/STATE/ZIP:		
PHONE #:		PHONE #:		

**APPLICANT MUST PROVIDE ACCESS TO ALL DWELLING UNITS, AS WELL AS THE BASEMENT,
ATTIC AND COMMON AREAS AS REQUIRED BY LAW**

2. NUMBER OF DWELLING UNITS:	MIXED USE: YES <input type="checkbox"/> NO <input type="checkbox"/>	IF THERE ARE THREE OR MORE DWELLING UNITS, APPLICANT MUST PROVIDE COPIES OF THE NJ STATE BUREAU OF HOUSING REGISTRATION AND THE LAST INSPECTION REPORT.
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3. BATTERY SMOKE FIRE PROTECTION DEVICES MUST BE TEN-YEAR SEALED BATTERY-POWERED SINGLE STATION SMOKE ALARMS LISTED IN ACCORDANCE WITH ANSI/UL 217. A/C-POWERED SINGLE OR MULTIPLE-STATION SMOKE ALARMS SHALL NOT BE REPLACED WITH BATTERY-POWERED SMOKE ALARMS. CARBON MONOXIDE ALARMS MAY BE BATTERY OPERATED, HARD-WIRED OR PLUG-IN TYPE AND IN ACCORDANCE WITH UL-2034 AND NFPA-720 AND MUST BE REPLACED IF PAST EXPIRATION. REQUIRED FIRE EXTINGUISHERS SHALL BE AN APPROVED LISTED AND LABELED TYPE WITH A MINIMUM RATING OF 2A-10B:C, NO MORE THAN 10 POUNDS, SERVICED AND TAGGED WITHIN THE PAST 12 MONTHS OR WITH A RECENTLY PURCHASED RECEIPT.

4. WE CERTIFY THAT ALL THE FOREGOING STATEMENTS ARE TRUE. WE ARE AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY US ARE WILLFULLY FALSE, WE ARE SUBJECT TO PUNISHMENT.

DATE: ____ / ____ / ____

CURRENT OWNER'S SIGNATURE

**ALL FEES ARE PAYABLE AT THE TIME OF THE FINAL INSPECTION AND ARE
NON-REFUNDABLE (SEE FEE SCHEDULE).**

NO CLOSING SHALL TAKE PLACE WITHOUT THE COMPLETED CERTIFICATE OF INSPECTION.

CERTIFICATE IS NON-TRANSFERABLE AND EXPIRES 6 MONTHS AFTER FIRE DEPARTMENT INSPECTION