

CLINTON TOWNSHIP BUREAU OF FIRE PREVENTION

APPLICATION FOR SMOKE DETECTOR, CARBON MONOXIDE DETECTOR & FIRE EXTINGUISHER COMPLIANCE (CSDCMAC)

OWNER IN FEE: _____ DATE: ____/____/____

ADDRESS OF OWNER: _____

PHONE NUMBER: (____) - _____ - _____ QUALIFICATION CODE: _____

BLOCK: _____ LOT: _____ PROPERTY LOCATION: _____

The Structure is used as a:

- Single Family Dwelling
 2-Family Dwelling
 Multi-Family - (____) Units
 Other: _____

DATE OF CLOSING: ____/____/____

NAME OF BUYER: _____

I am hereby making application for a SMOKE/CARBON MONOXIDE ALARM/PORTABLE FIRE EXTINGUISHER COMPLIANCE CERTIFICATE for the above mentioned property. I further hereby certify that the information contained herein is correct. I understand that any false statements will result in the revocation of the certificate and may result in the issuance of penalties up to \$500 per NJAC 5:70-2.12, under the N.J. Uniform Fire Code Penalty Enforcement Act (N.J.S.A. 2A:58-1 et seq).

SIGNATURE: OWNER / AGENT

(The Owner / Agent must make an appointment for this inspection by calling (908) 735-8800 Ext. 254)

FEES: PLEASE MAKE CHECKS PAYABLE TO: **Clinton Township**

- \$ 35.00 Received more than 10 business days prior to the change of occupancy
 \$ 70.00 Received 4 -10 business days prior to the change of occupancy
 \$ 125.00 Received fewer than 4 business days prior to the change of occupancy
 Re-inspection fee for CSDCMAC shall be \$35.00

CHECK #: _____ CASH: _____ TOTAL AMOUNT PAID: \$ _____

COMMENTS: _____

INSPECTION: () - PASSED () - FAILED INSPECTION DATE: ____/____/____

REINSPECTION: () - PASSED () - FAILED REINSPECTION DATE: ____/____/____

Patrick A. Renaldi, Fire Marshal