



**TOWNSHIP OF CLINTON & LEBANON BOROUGH (SHARED SERVICES)**

**BUREAU OF FIRE SAFETY**

**APPLICATION FOR SMOKE ALARM, CARBON MONOXIDE ALARM & FIRE EXTINGUISHER COMPLIANCE (CSACMAFEC)**

*\*Any inspection failing for any reason will be required to pay a re-inspection fee of \$50.00\**

Please use the guidelines to assist in a compliant inspection

*All Highlighted sections must be filled out.*

**OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS OF OWNER:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**BLOCK:** \_\_\_\_ **LOT:** \_\_\_\_ **PROPERTY LOCATION TO BE INSPECTED:** \_\_\_\_\_

**YEAR BUILT:** \_\_\_\_ **NUMBER OF BEDROOMS:** \_\_\_\_ **BASEMENT:** YES - NO **SOLAR PANELS:** YES - NO

**The Structure is used as a:**

- Single Family Dwelling
- 2-Family Dwelling
- Rental
- 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 changing ownership or occupant of the property before a CSACMAFEC inspection is completed will result in a penalty and any false statements to this document will result in the revocation of the certificate and also the issuance of a penalty of \$500 per N.J.A.C. 5:70-2.12, under the N.J. Uniform Fire Code Penalty Enforcement Act (N.J.S.A. 2A:58-1 et seq). Signing below also indicates all parties have reviewed and understand the requirements of the inspection from the Guidelines that is available for review.

\*\*\*\*\*  
\_\_\_\_\_  
**PRINT NAME: OWNER / AGENT**

\*\*\*See Reverse Side\*\*\*  
\_\_\_\_\_  
**SIGNATURE: OWNER / AGENT**

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**OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE**

**FEES: PLEASE MAKE CHECKS PAYABLE TO: Township of Clinton Bureau of Fire Safety**  
**Address: 1225 Route 31 South Suite 411, Lebanon, NJ 08833**

- \$ 50.00 Received more than **10 business days** prior to the change of occupancy
- \$ 90.00 Received **4 - 10 business days** prior to the change of occupancy
- \$ 161.00 Received fewer than **4 business days** prior to the change of occupancy
- Re-inspection fee for CSDCMAC shall be \$50.00

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

COMMENTS/DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_

INSPECTION: ( ) - PASSED ( ) - FAILED INSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 1<sup>st</sup> REINSPECTION: ( ) - PASSED ( ) - FAILED REINSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2<sup>nd</sup> REINSPECTION: ( ) - PASSED ( ) - FAILED REINSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATE #** \_\_\_\_\_  
**Fire Marshal/Fire Inspector**