

**NEW BRUNSWICK FIRE DEPT.
CITY OF NEW BRUNSWICK
DIVISION OF FIRE SAFETY**

**78 BAYARD ST
NEW BRUNSWICK NJ
732-745-5086**

1 & 2 Family

**APPLICATION FOR CERTIFICATE OF SMOKE DETECTORS, CARBON MONOXIDE ALARM &
PORTABLE FIRE EXTINGUISHER COMPLIANCE (CSDCMAPFEC)
(PLEASE PRINT OR TYPE CLEARLY)**

Please be on time for inspection - Inspector cannot wait.

I hereby apply for a CERTIFICATE OF SMOKE DETECTORS, CARBON MONOXIDE ALARM & PORTABLE FIRE EXTINGUISHER COMPLIANCE (CSDCMAPFEC) for the above residential property in City of New Brunswick. I understand that a satisfactory inspection must be performed by the CITY OF NEW BRUNSWICK DIVISION OF FIRE SAFETY prior to the issuance of the CSDCMAPFEC as per N.J.A.C.5:70-2 and that it is a violation of STATE LAW if ownership or occupancy changes prior to the issuance of a CSDCMAPFEC. PENALTY FOR CLOSING OR LEASING BEFORE CSDCMAPFEC IS ISSUED - \$500.00.

I hereby certify that the information contained herein is correct. I understand that any false statements will result in the revocation of the CERTIFICATE and the issuance of penalty notices of up to \$500.00 PER N.J.A.C.5:70-2.12

DATE _____ BLOCK _____ LOT/QUAL _____

ADDRESS TO BE INSPECTED _____
(STREET ADDRESS)

OWNER'S NAME _____

OWNER'S CURRENT ADDRESS (IF DIFFERENT THAN ABOVE) _____
(STREET ADDRESS, CITY, STATE, ZIP CODE)

PHONE (Home) _____ (**CONTACT PHONE #**) _____

REALTOR AGENT NAME _____ PHONE _____

THIS BUILDING IS A 1-FAMILY DWELLING 2-FAMILY DWELLING TOWNHOUSE/CONDO

DOES THIS HOME HAVE AN AUTOMATIC RESIDENTIAL FIRE SUPPRESSION (SPRINKLER) SYSTEM? YES NO

THIS PROPERTY IS VACANT OCCUPIED BOARDED-UP

THIS PROPERTY WILL BE CLOSING ON _____ OR LEASED ON _____
(DATE) (DATE)

ONLY POSTAL MONEY ORDERS, PERSONEL CHECK OR CERTIFIED BANK CHECK WILL BE ACCEPTED

Applicant Signature _____

- 4 Business Days or Less: *\$125.00*
- 5 to 10 Business Days: *\$70.00*
- More than 10 Business Days: *\$35.00*
- Rental Inspection \$35.00*

NO REFUNDS AS PER CITY RESOLUTION R-081125

BELOW-FOR OFFICE USE ONLY

DATE OF INSPECTION: _____ TIME: _____

LOG # _____ RECEIVED BY: _____

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