



# Carlstadt Fire Department

## Bureau of Fire Safety

Fire Official Anthony M. Silletto III

500 Madison Street, Carlstadt, NJ 07072

Phone: (201) 460-3942

firesafety@carlstadtnj.us

www.carlstadtfld.org/firesafety

### Application For Smoke Detector & Carbon Monoxide Alarm Compliance Inspection

Pursuant to N.J.A.C. 5:70-2.3(a), before any single- or two-family dwelling is sold, leased, or otherwise made subject to change in occupancy for residential purposes, the owner shall obtain a Certificate of Smoke Detector & Carbon Monoxide Alarm Compliance, evidencing compliance with NJAC 5:70-4.19 from the Carlstadt Fire Department Bureau of Fire Safety. An inspection shall be conducted with the owner or an authorized agent of the owner present at the time of inspection. Any certificates issued are valid for six (6) months and are non-transferable.

**All certificates will be E-Mailed at time of inspection**

#### Property Information

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit (if applicable): \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Basement: Yes ☐ No ☐ One family ☐ Two family ☐ Rental ☐

Inspection Required for: Resale ☐ Change of Occupancy ☐ Date of closing or change of occupancy: \_\_\_\_\_

#### Owner Information

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby acknowledge that the information given is correct, and that I am the owner, or duly authorized to act on the owner's behalf and as such hereby agree to comply with the applicable requirements of the New Jersey Uniform Fire Code relating to Residential Smoke Detectors. I also certify that all smoke detectors are listed in accordance with ANSI/UL217; carbon monoxide alarms are listed in accordance with UL-2034. As required by N.J.A.C. 5:70-2.3, the above referenced one- or two-family dwelling unit will be inspected for compliance with N.J.A.C. 5:70-4.19.

**Failure to Comply before transfer of property title or change of occupancy WILL result in penalties.**

#### Authorized Agent

Name: \_\_\_\_\_ Title (if not owner): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT & APPLICATION MUST BE RECEIVED PRIOR TO SCHEDULING INSPECTION**

**\$75.00 APPLICATION FEE NON-REFUNDABLE**

**Payable to Borough of Carlstadt**

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Log Number: \_\_\_\_\_

Method of Payment: Cash ☐ Check \_\_\_\_\_ Money Order ☐ Inspection Assigned to: \_\_\_\_\_