

BUREAU OF FIRE PREVENTION

AVON FIRE DEPARTMENT

301 MAIN STREET

AVON-BY-THE-SEA, NEW JERSEY 07717

732-502-4518

APPLICATION FOR A CERTIFICATE OF SMOKE DETECTOR & CARBON MONOXIDE ALARM COMPLIANCE

Address of Inspection: _____

Current Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____ Block: _____ Lot: _____

Buyer's Name & Current Address: _____

Renter's Name & Current Address: _____

Agent's Name & Telephone: _____ #: _____

Applicant's Signature: _____ Date: _____

The smoke detectors and carbon monoxide detectors required below shall be located in accordance with NFPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. **NOTE:** Homes constructed after January 1, 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order.

_____ On each level of the dwelling, including basements, excluding attic or crawl space; and

_____ Outside each separate sleeping area, within 10 feet; and

_____ All detectors are in working order upon inspection and all fee's paid, prior to issuance of Certificate.

FEE'S:

\$ 35.00, requests for a CSDCMAC received more than 10 business days prior to the change of occupant.

\$ 70.00, requests for a CSDCMAC received 4 to 10 business days prior to the change of occupant.

\$ 125.00, requests for a CSDCMAC received fewer than 4 business days prior to the change of occupant.

FOR OFFICE USE ONLY

Fee: _____ Date of Inspection: _____ File No. _____

inspectors Name: _____