



FIRE PREVENTION BUREAU

Office of Fire Marshal
111 River Styx Rd
973-770-1200 ext. 116
Richard H. Cook – Chief Fire Marshal
Smoke Detectors Save Lives!



APPLICATION FOR CERTIFICATION OF SMOKE DETECTOR/CARBON MONOXIDE/FIRE EXTINGUISHER COMPLIANCE FOR ONE AND TWO FAMILY DWELLINGS

CURRENT OWNER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: (if different from property) _____

MUNICIPALITY: Borough of Hopatcong COUNTY: Sussex

NOTE: ALL BOXES MUST BE CHECKED BY SELLER OR AGENT IN ORDER FOR FORM TO BE VALID

- I have received instructions on the proper placement of smoke detectors and other required life safety devices.
- All smoke detectors, carbon monoxide alarms, and fire extinguishers are or will be in proper working order and ready for inspection on the date of inspection.
- The portable fire extinguisher shall be installed within 10 feet of the kitchen area, and the top of the extinguisher shall be located no more than 5 feet above the floor.
- The dwelling being made subject to this inspection is intended to be sold, rented, leased or otherwise made subject to a change of occupancy.

The detectors required above shall be located in accordance with NFPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. **NOTE: A-C powered and or interconnected smoke detectors installed after January 1977 in homes shall be maintained in working order.** Carbon Monoxide detectors required shall be located in accordance with NFPA 720 and N.J.A.C. 5:70-2.3.

CONTACT INFORMATION

NAME _____

TELEPHONE REACH NUMBER _____ CELL HOME BUSINESS OTHER

CONTACT PERSON IS: (circle one) seller owner buyer realtor tenant agent other _____

Closing date _____ Date of application _____

Fees are calculated from the date of application to the date of closing. Certificates are valid for (180) calendar days from the date of inspection. CSDC/CO/FE certificates are valid for only (1) one change of occupancy.

By signing this application I hereby certify that the foregoing statements made by me are true. I am aware that if any of the forging statements made by me are willingly false, I will be subject to penalty.

Applicant's Signature _____

Print name _____

NOTE: CASH/CHECK/MO in the amount of \$ _____ made payable to the Borough of Hopatcong, must accompany this application. Checks are permissible as long as a forwarding address is given-NO EXCEPTIONS. A CSDC shall not be transferable, if the change of occupancy specified in the application for CSDC does not occur within 180 days from the date of inspection, a new application and inspection will be required.

Application fees are non-refundable under any circumstances!

FORWARDING ADDRESS REQUIRED IF PAYING BY PERSONAL CHECK

Address: _____

City _____

State _____