



TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

PHONE: 973-882-2700 DEPT. EXT. 2506

FAX: 973-244-0178

FIRE PREVENTION/OEM

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE AND PORTABLE FIRE EXTINGUISHER COMPLIANCE

(Please print clearly) Date of Closing: _____

DATE: BLOCK: _____ LOT: _____

PROPERTY ADDRESS: _____

CURRENT OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) (W) CELL: _____

PLEASE NOTE: In accordance with N.J.A.C. 5:70-2.9 (a) the application fee for a certificate of smoke detector and carbon monoxide alarm compliance (CSDC), required by N.J.A.C. 5:70-2.3, shall be based upon the amount of time remaining before the change of occupant. 1) requests for a CSDC received more than 10 business days prior to the change of occupant: **\$50.00**, 2) requests for a CSDC received 4 to 10 business days prior to the change of occupant: **\$75.00**, 3) requests for a CSDC received fewer than 4 business days prior to the change of occupant: **\$125.00**. Fee payable to **Township of Fairfield**.

By making application for a CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE and FIRE EXTINGUISHER COMPLIANCE (CSDC) for the above residential property in Fairfield Township, I understand that a satisfactory inspection **MUST** be performed by the Fairfield Fire Prevention Bureau prior to the issuance of the CSDC pursuant to N.J.A.C. 5:70-2.3.

I hereby certify that the information contained herein is correct. I understand that if the above property is sold or leased before the CSDC is obtained, it **WILL** result in the issuance of a penalty of up to \$5,000.00 pursuant to N.J.A.C. 5:70-2.12. **I HAVE READ THIS APPLICATION AND UNDERSTAND THE REQUIREMENTS. I UNDERSTAND NO SPECIFIC INSPECTION TIMES WILL BE GIVEN.**

Signature: _____ Date: _____

OFFICE USE ONLY

Cash Receipt #: _____ Check #: _____ Date Paid: _____ Amount Paid: _____

INSPECTION DATE: _____ A.M. P.M. EVENING
9-12 1-4 4:30-6:30

REINSPECTION DATE: _____ A.M. P.M. EVENING