

COLTS NECK TWP. FIRE PREVENTION BUREAU
3 VETERANS WAY - COLTS NECK, NJ 07722
Phil Engel, Fire Official
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Office#: 732-344-0340 Fax#: 732-462-8460

**Application for Certificate of Smoke Alarm, Carbon Monoxide Alarm and
Portable Fire Extinguisher Compliance of One and Two Family Dwellings
N.J.A.C. 5:70-4.19**

Dwelling Location (Street Address): _____

Block: _____ Lot: _____ Square Footage of Dwelling: _____ # of Stories: _____

Current Owner: _____ Phone#: _____

Name of Applicant: _____ Phone#: _____

Applicant Address: _____ Email: _____

APPLICANT MUST READ & CHECK ALL BOXES; SIGN AND DATE BELOW:

☐ I have read and reviewed the provided CSACMAPFEC preparation for inspection information sheet.

☐ Smoke Alarms are installed on each level of the home including basements (not crawl spaces or unfinished attics) and outside each separate sleeping area

☐ 10 year sealed battery single station smoke are installed as stated above; **except** a/c powered (hardwired) single or multiple station smoke alarms installed as part of original dwelling construction or a rehabilitation project shall not be replaced by battery operated smoke alarms and must be maintained per there listing and required installation.

☐ UL- 2034 listed and labeled carbon monoxide alarms are installed and maintained in the vicinity of sleeping areas. CO alarms may be battery operated, plug-in type or hardwired.

☐ FOR RENTALS ONLY: A portable fire extinguisher rated **2A: 10B:C** and no more than 10 pounds is mounted within 10 feet of the kitchen, in plain view and readily accessible on a path of egress.

☐ FOR RENTALS ONLY: Fire extinguisher is mounted using the manufacturer's provided mounting bracket, not more than 5 feet above the floor. The owner's manual or written operation instructions will be provided during inspection and left for new tenant. Fire extinguisher is not more than 1-year-old or will have a service tag from a NJ certified DFS contractor within the last year.

Applicant Signature

Print Name & Title

Date

Checks made payable to: Colts Neck Twp.

***** OFFICE USE ONLY BELOW*****

Date Received: _____ By: _____ Fee: _____ Check #: _____

Application #: _____ Inspection Date: _____ () Pass () Fail

Re-inspect. Date: _____ () P () F Re-Inspect. Date: _____ () P () F