Bedminster Township Fire Prevention Department

One Miller Lane, Bedminster, NJ 07921

(908) 212-7000 ext. 427

**Affidavit for Certificate of Smoke Alarm/**

**Carbon Monoxide Alarm/ Portable Fire Extinguisher Compliance (CSACMAPFEC)**

**Dwelling Location: Block: \_\_\_\_\_\_\_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_\_\_\_\_\_**

**(not mailing address) Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*NOTE: ALL BOXES MUST BE CHECKD IN ORDER FOR CERTIFICATION TO BE VALID**

**( ) Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl space; and**

**( ) Smoke alarm and carbon monoxide alarm outside each separate sleeping area; and within IO feet of bedrooms**

**( ) All smoke alarms are in working order. ( ) Carbon monoxide alarm(s) in working order**

**( ) Fire extinguisher is the correct size, is located within IO feet of the kitchen and has been purchased within the**

 **last 12 months or has been serviced and tagged by a contractor certified by the New Jersey Division of Fire Safety.**

**This is a (\_\_) story dwelling (\_\_) with or (\_\_) without a basement.**

**An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke alarms required above shall be located in accordance with NFIPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The alarms are not required to be interconnected. Battery powered alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. The fire extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.I et seq).**

**Please mail certificate to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Closing Date: \_\_\_\_\_\_**

**I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.**

**Sworn and subscribed to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Signature Applicant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

**Note: Once issued, a Certificate is not transferable, nor is a fee refundable. If the change of occupant does not occur within 6 months, a new application shall be required.**

**For Office Use Only Date Paid: \_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_ \_**