GLOUCESTER TOWNSHIP FIRE DISTRICT 2 BUREAU OF FIRE PREVENTION

43 SOMERDALE ROAD BLACKWOOD, N.J. 08012 856-939-2090 X124 / FAX 856-228-9007

SMOKE DETECTOR, CARBON MONOXIDE DETECTOR AND FIRE EXTINGUISHER CERTIFICATION APPLICATION

Owner Information	:		Realtor Information:
Owner Name:			Realtor Name:
Property Address:			Realtor Address:
Phone:			Realtor:
Block:	Lot:		Phone:
Property Status:	[] Occupied	[] Vacant	Settlement Date:

Inspection Checklist

• Numbers are numerical characters, contrasting color from the house, at least 4" high, permanently affixed to the house & visible from the street. *Light post or mailbox numbers are NOT acceptable.*

Smoke Alarms

- Smoke alarm located on every level of dwelling.
- Basement level alarm is located at bottom of stairwell, at ceiling level (not between joists).
- Bedroom hallway alarms MUST be within 10 feet of ALL bedrooms doors.
- *Electric smoke alarms (hardwired) CANNOT be replaced with battery operated alarms.
- Do NOT install smoke alarms in kitchens, bathrooms, near forced air ducts or furnaces, in the "dead air" space where the ceiling
 meets the wall, close to ceiling fans, in crawl spaces or attics.

Carbon Monoxide Alarms

- Located in the hallway, within 10 feet of ALL bedrooms doors.
- Installed per manufacturer's instructions.
- Carbon monoxide alarm(s) are less than 7 years old and are operational.
- Do **NOT** place alarms in electrical outlets that can be turned off by a switch or that are located against floor molding. Plug-in, battery powered and hardwired CO alarms are acceptable.

\$35.00

\$70.00

\$125.00

Fire Extinguisher

- **ABC** type, rated for residential use.
- No smaller than a **1A10BC** (2-1/2lb.) and no larger than a **2A10BC** (10lbs.)
- Must be dated or tagged for current year.
- MOUNTED within 10 feet of the kitchen (mounting permissible inside of a cabinet or closet).

Fees

Applications received 10 or more days prior to settlement. Applications received 4-9 days prior to settlement. Applications received less than 4 days prior to settlement.

OFFICE USE ONLY			
Date Received:			
Payment Method:			
Receipt #:			
Recorded by:			
Scheduled for:			
Time:			

Please include cash/check made payable to: GTFD #2,