



Division of Fire Safety
Bureau of Fire Prevention & Investigation
 201 Jefferson Street
 Hoboken, NJ 07030
 201 420 2268/9



APPLICATION FOR ONE & TWO FAMILY DWELLING
CERTIFICATE OF SMOKE DETECTOR & CARBON MONOXIDE
ALARM COMPLIANCE 5:70-2.3

Dwelling Location: _____ **Unit Number:** _____

NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID

- { } Smoke detectors shall be installed on each level of the premises and outside of each separate sleeping area. The required smoke detectors shall be located and maintained in working order in accordance with Standard 74 of the National Fire Protection Association (NFPA 74-1984).
- { } Carbon monoxide alarms shall be installed and maintained in the immediate vicinity of the sleeping area(s). Carbon monoxide alarms may be battery-operated, hard wired or the plug-in type and shall be listed and labeled in accordance with UL-2034 and shall be installed in accordance with NFPA-720.
- { } Exception to carbon monoxide requirement; dwelling unit or structure DOES NOT contain fuel burning appliance(s) or an attached garage.
- { } Fire extinguisher is correct size (2A:10B: C), is properly mounted and is located within 10 feet of kitchen.

This is a _____ story dwelling () with () without a basement.
 (Check one)

The owner or an authorized representative of the owner shall conduct an inspection. The smoke detectors required above shall be located in accordance with NFPA 74; the carbon monoxide alarm(s) installed per NFPA 720. The detectors are not required to be interconnected. Battery powered detectors and 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.

*****SMOKE DETECTOR CERTIFICATES ARE VALID FOR SIX (6) MONTHS*****

Please mail certificate to: _____ Phone # _____

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 forgoing 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: A check or money orders made payable to the **City of Hoboken** must accompany this application. See below for application fee amount.
 1. Requests for CSDCMAC received more than 10 BUSINESS days prior to the change of occupant: **\$45.00**
 2. Requests for CSDCMAC received 4 to 10 BUSINESS days prior to the change of occupant: **\$90.00**; and
 3. Requests for CSDCMAC received fewer than 4 BUSINESS days prior to the change of occupant: **\$161.00**.
 AS REQUIRED BY N.J.A.C. 5:70-2.9 Fees: *****APPLICATION FEES ARE NON-REFUNDABLE*****

FD OFFICE USE ONLY: Date Received: _____ Receipt Number: _____ Date Processed _____ Completed By: _____