

**CITY OF NEW BRUNSWICK – FIRE DEPARTMENT
DIVISION OF FIRE SAFETY
78 BAYARD STREET
NEW BRUNSWICK, NJ 08901 732-745-5086**

SMOKE APPLICATION for the SALE of ONE- AND TWO-FAMILY STRUCTURES

**FOR CERTIFICATE OF SMOKE ALARMS, CARBON MONOXIDE ALARMS, AND PORTABLE FIRE EXTINGUISHER COMPLIANCE (CSACMAPFEC)
(PLEASE PRINT OR TYPE CLEARLY)**

Please be ON TIME for inspections as inspectors must adhere to a schedule.

I hereby apply for a CERTIFICATE OF SMOKE ALARMS, CARBON MONOXIDE ALARMS, and PORTABLE FIRE EXTINGUISHER COMPLIANCE (CSACMAPFEC) for the below listed residential property in City of New Brunswick. I understand that a satisfactory inspection must be performed by the DIVISION OF FIRE SAFETY prior to the issuance of the CSACMAPFEC as per N.J.A.C.5:70-2, and that it is a violation of State law if ownership or occupancy changes prior to the issuance of a CSACMAPFEC. THE PENALTY FOR CLOSING OR LEASING BEFORE THE CSACMAPFEC IS ISSUED IS \$500.00.

I hereby certify that the information contained herein is correct. I understand that any false statements will result in revocation of the CERTIFICATE and the issuance of penalty notices of up to \$500.00 per N.J.A.C.5:70-2.12.

ADDRESS TO BE INSPECTED _____
(STREET ADDRESS)

OWNER'S NAME _____

OWNER'S CURRENT ADDRESS (IF DIFFERENT THAN ABOVE) _____
(STREET ADDRESS, CITY, STATE, ZIP CODE)

CONTACT NAME _____ CONTACT PHONE _____

THIS BUILDING IS A 1-FAMILY DWELLING 2-FAMILY DWELLING TOWNHOUSE/CONDO

DOES THIS HOME HAVE AN AUTOMATIC RESIDENTIAL FIRE SUPPRESSION (SPRINKLER) SYSTEM? YES NO

THIS PROPERTY IS VACANT OCCUPIED BOARDED-UP

THIS PROPERTY WILL BE CLOSING ON _____
(DATE)

**ONLY POSTAL MONEY ORDER, PERSONAL CHECK, OR CERTIFIED BANK CHECK WILL BE ACCEPTED
Make payable to the City of New Brunswick**

Applicant Signature _____

- | |
|--|
| <input type="checkbox"/> 4 Business Days or Less: \$161.00
<input type="checkbox"/> 5 to 10 Business Days: \$90.00
<input type="checkbox"/> More than 10 Business Days: \$45.00 |
|--|

NO REFUNDS AS PER CITY RESOLUTION R-081125

CANCELLATIONS - AT LEAST 24 HOURS PRIOR TO APPOINTMENT OR \$10 CANCELLATION FEE

BELOW FOR OFFICE USE ONLY

DATE OF INSPECTION: _____ TIME: _____ LOG # _____

RECEIVED BY: _____