

LINWOOD BUREAU FIRE PREVENTION
OFFICE OF FIRE OFFICIAL
400 POPLAR AVENUE
LINWOOD, NEW JERSEY 08221
Phone: (609) 926-7998
Fax: (609) 653-2730



APPLICATION FOR ONE & TWO FAMILY DWELLING CERTIFICATE OF SMOKE DETECTOR & CARBON MONOXIDE ALARM COMPLIANCE

Dwelling Location: BLOCK _____ LOT _____
(not mailing address) STREET _____

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

- Smoke detector on each level of the dwelling, including basements, excluding attic or crawlspace; and
 - Smoke detector and carbon monoxide alarm outside each separate sleeping area, and within ten (10) feet of bedrooms
 - All smoke detectors are in working order CO alarm(s) in working order
- This is a _____ story dwelling with without a basement.

The Linwood Bureau of Fire Prevention 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 after January 1977 shall be maintained in working order. See diagram that follows for further information regarding installation locations.

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

Please mail certificate to: _____ Phone: _____

_____ Fax: _____

Contact Person: _____ Phone: _____ Closing Date: _____

Thomas P. Flynn, Jr Fire Official / Nick LaRotonda, Fire Inspector

Note: A request for a CSDCMAC received more than 10 business days prior to change of occupancy: \$45.00; 4 to 10 business days: \$90.00; and, fewer than 4 days: \$161.00. A check or money order in the applicable amount made payable to "The Linwood Bureau Fire Prevention" shall be paid at time of inspection. A CSDCMAC shall not be transferable. If the Change of Occupancy specified in the application for CSDCMAC does not occur within six months, a new application shall be required.

*** APPLICATION FEES ARE NON-REFUNDABLE***

FOR OFFICE USE ONLY

TEAM No.: _____

MUNICIPAL CODE 0114-01

LOG NUMBER _____

CHECK No. _____