

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: \_\_\_\_\_

\_\_\_\_\_  
Charles E. Kisby, III (FIRE OFFICIAL)

*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. \_\_\_\_\_