

LINWOOD BUREAU FIRE PREVENTION
OFFICE OF FIRE OFFICIAL
400 POPULAR 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 ITEMS MUST BE CHECKED IN ORDER FOR CERTIFICATE TO BE VALID

- Smoke detector on each level of the dwelling, including basements and laundry rooms, excluding attic or crawlspace.
- 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
- Secondary power source label within 18" of main panel and meter.
- CO alarm(s) in working order
- No interior key locking deadbolts
- 2A:10BC Extinguisher needed 10 feet of Kitchen in a Visible View of an Exit

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 / Ray Conover IV 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. _____