



**CITY OF ABSECON
Municipal Complex
500 Mill Road
Absecon, New Jersey 08201
P:609-641-0663 ex 113**

C.C.O# _____

**Application for One and Two Family Dwelling
Certification of Smoke Alarm, Carbon Monoxide Alarm and Portable Fire Extinguisher Compliance**

Dwelling Location: Block _____ Lot _____
Street Address _____

I, _____ Certify that the dwelling at the above referenced location has smoke alarms installed and are in working order as stated below;

() **1978 and before** All one and two family dwelling constructed before **1978** must have **10- Year Sealed Battery** smoke alarms located on each level of the structure and outside each separate sleeping area in the immediate vicinity of the bedrooms.

() **1979 to 1987** One and Two family dwelling was constructed between **1979 and 1987**, AC Powered smoke alarms are required in the immediate vicinity of each sleeping area and in the basement area. **10- Year Sealed Battery** powered smoke alarms **SHALL** be added to meet the new requirement for each level of the structure. The smoke alarms located outside each sleeping area(s) and the basement **MUST BE AC POWERED UNITS**.

() **1987 TO 1991** One or two family dwelling was constructed between **1987 and 1991**, AC Powered interconnected smoke alarms are required on each level of the structure and outside each sleeping area in the immediate vicinity of the bedrooms. **ALL SMOKE ALARMS MUST BE AC POWERED AND INTERCONNECTED UNITS. IF ONE ALARM ACTIVATES ALL ALARMS SOUND AN ALARM.**

() **1991 to Present** One or two family dwelling was constructed between **1991 to Present**, AC Powered interconnected units with battery backup must be installed in all bedrooms, outside each sleeping area, and on every level of structure.

NO EXCEPTIONS

() **All smoke alarms are In working order.**

() **Carbon Monoxide Alarm installed in immediate vicinity of the sleeping area(s).** Carbon monoxide alarms may be battery operated, hard wired or plug in type and shall be listed and labeled in accordance with UL-2034 an installed per N.J.A.C. 5:70-4.19 and NFPA-720.

() **Portable Fire Extinguisher 2 ½ to 10lbs. ABC Dry Chemical within 10 feet of the kitchen, mounted no higher than 5 foot high and visible.**

This inspection shall be conducted by the owner or an authorized representative of the owner.

Email address Certificate is to be sent to: _____

Phone#: _____ Fax# _____

I do hereby certify that the foregoing statements made by me are true. I am aware if any of the forgoing statements made by me are willfully false, I will be subject to a penalty.

Sworn and Subscribed to me this ___ Day of, _____ 20___

Notary Signature

Applicants Signature

Printed Name

Fee: \$75