



Borough of Hawthorne
 Fire Prevention and Housing Bureau
 445 Lafayette Avenue Hawthorne NJ 07506

(973) 427-7544

Application for Certificate of Smoke Detector, Carbon Monoxide Alarm and Fire Extinguisher Compliance

Dwelling Location: Block _____ Lot _____ Number of units _____
 (Not mailing address) in building _____
 Address _____ Unit Number _____

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

- Smoke Detector on each level of the dwelling, including basements, attics; and
- Smoke Detector and Carbon Monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms
- All smoke detectors are in working order. Carbon Monoxide alarm(s) in working order
- Fire extinguisher hung and operational**
 This is a _____ story dwelling _____ with _____ without a basement

An inspection shall be conducted by the owner or an authorized representative of the owner. The detectors required above shall be located in accordance with NFIPA 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 smoke detectors installed in homes constructed after January 1977 shall be maintained in working order. See diagrams on the back of this application for further information regarding installation.

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

Please mail certificate to: _____ Phone # _____

Contact Person : _____ Phone # _____ Occupancy Date _____

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

Sworn and subscribed to before me this _____ day of _____, 20 _____.

 Notary Signature

 Applicant Signature

 Printed Name

Note: **A check or money order in the amount of \$30.00 for CERTIFICATE ONLY or \$40.00 for ON-SITE INSPECTION, made payable to the Borough of Hawthorne must accompany this application.** Please allow two weeks for processing and delivery. A CSDC shall not be transferable. If the change of occupancy specified in the application for a CSDCMAC does not occur within six months, a new application shall be required.

** Application fees are not refundable **

Certificate # _____	For office use only	Check # _____
Date issued _____	N.J.S.A. 5:70-2.3 & 4.19(d)	Cash _____