



Borough of Hawthorne

Fire Prevention 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 and Carbon Monoxide 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 and
- 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 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 smoke detectors installed in homes constructed after January 1977 shall be maintained in working order.

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

Please mail certificate to:

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 CSDCMAC 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 **

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