



BOROUGH OF ROCKY HILL
FIRE PREVENTION BUREAU
P.O Box 327
ROCKY HILL, NJ 08553

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR / CARBON MONOXIDE ALARM COMPLIANCE

DATE _____ BLOCK _____ LOT _____

ADDRESS TO BE INSPECTED _____

CURRENT OWNER(S) _____

OWNER ADDRESS _____

CITY, STATE, ZIP _____

PHONE (H) _____ (CELL) _____

REALTOR AGENT NAME _____ PHONE _____

THIS BUILDING IS A: 1 FAMILY DWELLING 2 FAMILY DWELLING

THIS PROPERTY WILL BE: SOLD ON _____ LEASED ON _____

THERE ARE _____ BEDROOMS IN DWELLING / THERE ARE _____ KITCHENS IN DWELLING

I hereby apply for a CERTIFICATE OF SMOKE DETECTOR/ CARBON MONOXIDE AND FIRE EXTINGUISHER COMPLIANCE (CSDCMAPFEC) for the above residential property in the Borough of Rocky Hill. I understand that a satisfactory inspection must be performed by the Rocky Hill Fire Marshal prior to occupation of the above listed structure in accordance with N.J.A.C 5:70-2.3. I hereby certify that the information contained herein is correct. I understand that any false statements will result in the revocation of the certificate and the issuance of \$500.00 penalty.

SIGNATURE OF APPLICANT

DATE

OFFICIAL USE ONLY

DATE PAID _____	QTY S/D _____	INTERCON. Y/N _____	PASSED _____
CHECK # _____	FLOORS _____	BATT. _____/120V _____	FAILED _____
QTY CO _____	FIRE EXT. _____		