



# TOWNSHIP OF CLINTON & LEBANON BOROUGH

## BUREAU OF FIRE SAFETY

### APPLICATION FOR SMOKE ALARM, CARBON MONOXIDE ALARM & FIRE EXTINGUISHER COMPLIANCE

*All Highlighted sections must be filled out.*

**OWNER'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS OF OWNER:** \_\_\_\_\_

**EMAIL FOR SCHEDULING:** \_\_\_\_\_ **PHONE NUMBER:** (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_ **PROPERTY LOCATION TO BE INSPECTED:** \_\_\_\_\_

**YEAR BUILT:** \_\_\_\_\_ **NUMBER OF BEDROOMS:** \_\_\_\_\_ **BASEMENT:** YES - NO **SOLAR PANELS:** YES - NO

**The Structure is used as a:**

- Single Family Dwelling  Rental  
 2-Family Dwelling

**DATE OF CLOSING/CHANGE OF OCCUPANCY:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME OF BUYER:** \_\_\_\_\_

**Check One below:**

Lebanon Borough Location: \_\_\_\_\_ Township of Clinton Location: \_\_\_\_\_ (Some Township properties have a Lebanon mailing address)

**Inspection will be rushed: The sale, tenant, and/or change of occupancy has already taken place:** YES NO  
(Answer Accurately)

**If, yes explain why:** \_\_\_\_\_

Once an inspection is scheduled the appointment time range cannot be narrowed down. Please do not request a narrowed down time frame. **Review current guidelines.** Mailing an application and payment will be consider as received the same it is delivered by mail. Please allow a minimum of 1 week in anticipation of potential mailing delays. Improper payments and incomplete information above will have applications rejected or require additional payments prior to processing.

I am hereby making application for a SMOKE/CARBON MONOXIDE ALARM/PORTABLE FIRE EXTINGUISHER COMPLIANCE CERTIFICATE for the above mentioned property. I further hereby certify that the information contained herein is correct. I understand that changing ownership or occupant of the property before a CSACMAFEC inspection is completed will result in a penalty and any false statements to this document will result in the revocation of the certificate and also the issuance of a penalty of \$500 per N.J.A.C. 5:70-2.12, under the N.J. Uniform Fire Code Penalty Enforcement Act (N.J.S.A. 2A:58-1 et seq). Signing below also indicates all parties have reviewed and understand the requirements of the inspection from the Guidelines that is available for review. Application fees are non-refundable.

\*\*\*\*\* \_\_\_\_\_ \*\*\*\*\*

**PRINT NAME: OWNER / AGENT**

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**SIGNATURE: OWNER / AGENT**

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

**FEES:** PLEASE MAKE CHECKS PAYABLE TO: **Township of Clinton Bureau of Fire Safety**  
**Address:** 1225 Route 31 South Suite 411, Lebanon, NJ 08833

- \$ 50.00 Received more than **10 business days** prior to the change of occupancy
- \$ 90.00 Received **4 - 10 business days** prior to the change of occupancy
- \$ 161.00 Received fewer than **4 business days** prior to the change of occupancy
- Re-inspection fee for CSDCMAC shall be \$50.00

CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ TOTAL AMOUNT PAID: \$ \_\_\_\_\_

COMMENTS/DEFICIENCIES: \_\_\_\_\_

INSPECTION: ( ) - PASSED ( ) - FAILED INSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
1<sup>st</sup> REINSPECTION: ( ) - PASSED ( ) - FAILED REINSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
2<sup>nd</sup> REINSPECTION: ( ) - PASSED ( ) - FAILED REINSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CERTIFICATE # \_\_\_\_\_

**Fire Marshal/Fire Inspector**