

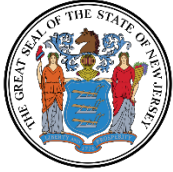


Township of Edgewater Park

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State of New Jersey Department of Community Affairs Division of Codes & Standards – Office of Regulatory Affairs

Smoke Alarm & Carbon Monoxide Alarm Compliance

Regulated by the State of New Jersey

This form **MUST BE** submitted **PRIOR** to a **Final Inspection** being scheduled/conducted for **ANY** type of work being performed on the interior **OR** exterior of a property for one & two family dwellings.

It is not a prerequisite to the issuance of a construction permit **but must be in before** final inspection.

Smoke Alarms:

The permit for which you have applied requires that smoke alarms be installed in your dwelling unit (see N.J.A.C. 5:23-6.4(f) or 6.6(f), as applicable).

Smoke Alarms shall be installed on each level of the dwelling, including basement, outside of each separate sleeping area in the immediate vicinity of the bedroom. Smoke Alarms should be placed on or near the ceiling.

Smoke Alarms **are permitted** to be battery operated or hardwired.

The installation of battery-operated smoke alarms **does not** require a permit, **nor** an inspection. **It is your responsibility** as the homeowner/agent to **ensure** that these provisions have been met.

Carbon Monoxide Alarms:

The permit for which you have applied requires that carbon monoxide alarm(s) be installed in your dwelling unit (see N.J.A.C. 5:23-6.4(g) or 6.6(g), as applicable).

N.J.A.C. 5:23-3.20(c) **requires** that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinity of each sleeping area when the building **contains** a fuel burning appliance **or** has an **attached** garage.

Carbon monoxide alarms **are permitted** to be battery operated, hardwired, or plug in type.

The installation of battery operated or plug in type carbon monoxide alarms **does not** require a permit, **nor** an inspection. **It is your responsibility as** the homeowner/agent to **ensure** that these provisions have been met.

BLOCK:		LOT:		QUALIFICATION CODE:	
NAME OF OWNER/AGENT:					
JOB ADDRESS:					
	#	Street		Town	
PHONE NUMBER:		CELL:			

I DO HEREBY CERTIFY; I have read the above & that the alarms **are installed** as stated & that they are in working order and that the information provided on this form is correct.

I AM THE Property owner Authorized agent of the property owner.

X

Signature of Property Owner or Agent