

**CONSTRUCTION CODE OFFICIAL  
Dept. of Consumer Affairs**

**HOUSING INSPECTOR  
ZONING OFFICER  
John Marini**



**BOROUGH CODE OFFICIAL  
Richard Thompson**

**DEPARTMENT OF CODE ENFORCEMENT  
15 MAIN STREET-ENGLISHTOWN, N.J. 07726  
(732) 446-9235 FAX (732) 446-4979**

**APPLICATION FOR ONE & TWO FAMILY  
CERTIFICATION OF CO & SMOKE DETECTOR COMPLIANCE**

DWELLING LOCATION: BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Englishtown, N.J. 07726

I, \_\_\_\_\_ certify that the above referenced location has CO Smoke Detectors installed and are in working order as stated below:

- \_\_\_\_\_ On each level of the dwelling, including basements; excluding attic or crawl space; and
- \_\_\_\_\_ Outside each separate sleeping area; and
- \_\_\_\_\_ All smoke detectors are in working order.
- \_\_\_\_\_ CO detectors are provided in immediate vicinity of all sleeping rooms and are in working order.

The owner or an authorized representative of the owner shall conduct this inspection. The detectors required above shall be located in accordance with NFPA 74. The detectors are not required to be interconnected. Battery powered detectors are to be maintained in working order.

NOTE: Homes constructed after January 1977 provided with AC power and/or interconnected detectors shall be maintained in working order.

Address Certificate is to be sent: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**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.

\_\_\_\_\_  
Applicant Signature

Fees shall be based upon when the inspection is requested and the amount of time remaining before the change of occupant is expected as follows:

\$45.00 – more than ten (10) business days prior to change of occupant

\$80.00 – four (4) to ten (10) days prior to change of occupant

\$135.00 – Less than four (4) days prior to change of occupant

Make checks payable to **ENGLISHTOWN FIRE PREVENTION BUREAU**

Reviewing Official: \_\_\_\_\_

Log #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Payment: cash \_\_\_\_\_ chck. \_\_\_\_\_