

# AFFIDAVIT OF SELF INSPECTION

## PROPERTY INFORMATION

Property Address:

Property Address Line 2:

Property Block / Lot (if known)

Date of Closing:

Year of construction (4 digits)

Number of Rental Units:

## INSPECTION CONTACT INFORMATION

Owner Name:

Email address where receipt / letter shall be sent:

Owner Phone Number:

Buyer Information:

Name:

Contact info:

## CERTIFICATIONS

Date Self Inspection was completed: mm/dd/yyyy

BY INITIALING EACH LINE BELOW, YOU CERTIFY THAT YOU HAVE PHYSICALLY INSPECTED THE FOLLOWING ITEMS ON THE ABOVE DATE:

\_\_\_\_\_ There is a visible house/unit number on the property for Emergency Responders.

\_\_\_\_\_ Smoke and Carbon Monoxide Alarms have been installed in accordance with the Uniform Fire Code.

\_\_\_\_\_ All Smoke and Carbon Monoxide Alarms are in working order and are less than 10 years old.

\_\_\_\_\_ All Smoke and Carbon Monoxide Alarms were tested on the above date and are in working order.

\_\_\_\_\_ 2-A:10-B-C type Fire Extinguisher not more than 10 pounds, is visibly mounted using manufacturer hanger or bracket, is easily accessible in kitchen or within 10 ft. of the kitchen and has a current Inspection tag or store receipt showing purchased within the last 12 months.

## STATEMENT OF AFFIRMATION

\_\_\_\_\_ The property owner or their representative has conducted this inspection and attests that: All required Smoke Alarms are listed and located in accordance with NFPA-72; All required Carbon Monoxide Alarms are listed and located in accordance with UL-2034; and the Fire Extinguisher is installed in accordance with NFPA-10 and the above requirements.

\_\_\_\_\_ I do hereby certify that the foregoing statements made by me are true. I have read and fully understand the contents of this application. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to PENALTY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

Mail completed form with Payment to:

Delanco Fire Official  
P.O. Box 5021  
Delanco, New Jersey 08075

Once this form is received, we will e-mail and mail you a letter to be used for closing.