

DELANCO FIRE DISTRICT # 1

Bureau of Fire Prevention & Inspection

Application for Certification of Smoke Alarm, Carbon Monoxide Alarm and Fire Extinguisher Compliance

To schedule an inspection, the seller must complete the Smoke Alarms Inspection Form and submit it to the Fire Official's Office at least 10 days prior to settlement along with the applicable payment. The seller or his representative must make sure that the Smoke Alarms, Carbon Monoxide Alarms, and the Fire Extinguisher are the proper type, in working order and are in the proper locations according to the guidelines listed below. This form must be completed in its entirety for an Inspection to be scheduled. Please email rjohnson@delancofire.org if you have any questions prior to submitting this form.

If there are two or more separate residences on the property that is being sold (i.e. cottage, or garage apartment, or multiple rental units), a separate application and fee is required for each dwelling unit.

A physical inspection of the property, by an inspector from this office, will be scheduled with the seller or representative on the first available Monday after receiving ALL INFORMATION AND PAYMENT.

If received (10) ten days or more prior to settlement the fee is \$45.00.

If settlement is less than (10) ten days, contact the Fire Official at 856-764-8176.

If you get the answering machine leave the following information:

Name:

Address:

Date of Closing/settlement:

Phone # PLEASE GIVE YOUR PHONE NUMBER SLOWLY

E-mail address:

Fees are payable by Check or Money Order to Delanco Fire District and must be sent to the following address:
Delanco Fire Official P.O. Box 5021 Delanco, New Jersey 08075 and must be received prior to the inspection being scheduled.

INSPECTION ITEMS

Before scheduling an inspection, be sure to check that all items were inspected following the guidelines set forth below:

Smoke Alarm Requirements:

Smoke Alarm Requirements are based on the Residential Dwellings Year of Construction

- Pre 1975 DC powered Smoke Alarms on each level including the basement (if applicable)
- 1975-1977 AC powered Smoke Alarm on uppermost level (DC Smoke Alarms on ALL other levels)
- 1977-1983 AC powered Smoke Alarms on uppermost and basement level (electrically interconnected) DC Smoke Alarms on all other levels
- 1983-1991 AC powered Smoke Alarms on every level (electrically interconnected)
- 1991-Present AC powered Smoke Alarms with battery backup on each level and in each sleeping area (bedrooms) Electrically Interconnected

The Smoke Alarms required above shall be located and maintained in accordance with NFPA 72.

ALL SMOKE ALARMS MUST BE LESS THEN 10 YEARS OLD AND ALL NON-AC SMOKE ALARMS MUST BE 10 YEAR SEALED BATTERY TYPE PER NJ FIRE CODE

Carbon Monoxide Alarm Requirements:

Carbon Monoxide Alarms shall be installed in the dwelling units in one and two family or attached single family dwellings, except for units in buildings that DO NOT contain a fuel-burning device or have an attached garage, as follows:

- Single station Carbon Monoxide Alarms shall be installed and maintained in the immediate vicinity of the sleeping area(s).
- Carbon Monoxide Alarms may be battery-operated, hard wired or of the plug-in type and shall be listed and labeled in accordance with UL-2034 and shall be installed in accordance with the requirements of this section and NFPA-720.

Fire Extinguisher Requirements:

A portable Fire Extinguisher shall be installed in accordance with the following:

- The Fire Extinguisher shall be in the Kitchen or within 10 feet of the kitchen and located in the path of egress;
- The Fire Extinguisher shall be readily accessible and NOT obstructed from view;
- The Fire Extinguisher shall be MOUNTED using the manufacturer's hanging bracket so the operating instructions are clearly visible;
- The Fire Extinguisher shall be an approved listed and labeled type with a minimum rating of **2A:10BC** and no more than 10 pounds;
- The Fire Extinguisher shall be serviced and tagged by a certified Division of Fire Safety contractor within the past 12 months or the seller must have a receipt for a recently purchased Extinguisher;
- The top of the Fire Extinguisher shall not be more the five feet above the floor.

House number must be easily visible from the street.

SMOKE ALARMS INSPECTION FORM

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:

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.**

_____ **2A:10BC 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: The required Smoke Alarms are located in accordance with NFPA-72. All Smoke Alarms are listed in accordance with UL-2034 and NFPA 720, 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: _____

Mail completed form with Payment to Delanco Fire Official
P.O. Box 5021 Delanco, New Jersey 08075

Once this form along with the applicable payment is received, you will be contacted to schedule an inspection.