



FRANKFORD TOWNSHIP FIRE PREVENTION BUREAU

151 U.S. Hwy. 206, Augusta, New Jersey 07822
Office: 973-948-7592 * Fax: 973-948-0943



INSPECTION APPLICATION SMOKE DETECTOR – CARBON MONOXIDE PORTABLE FIRE EXTINGUISHER

Application Date: _____ **Resale: Closing Date** _____ **Rental Date:** _____

We the undersigned do hereby make application in accordance with the Uniform Fire Safety Act PL 1991, Chapter 92, whereby we request an inspection of the smoke detection system in the below referenced property.

Applicant: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Owner: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Property Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** _____, **Block:** _____ **Lot:** _____

Signature

Fees: \$50.00 Request received **more than 10 business days** prior to the change of occupant.
\$75.00 Request received **less than 10 business days** prior to the change of occupant.
\$50.00 Re-Inspection Fee

*Payment to be made payable to the Frankford Township Fire Prevention
and must be submitted with this application.*

FOR OFFICE USE ONLY

I the undersigned Fire Inspection/Fire Official do hereby certify that on _____
I inspected the above referenced property as required by the Uniform Fire Safety Act PL 1991,
Chapter 92 and NJAC 5:70-2.3. I find the said property to be in compliance with Fire Safety Act
(PL 1191) Chapter 92 and the NJAC 5:70-2.3

_____ Smoke Detectors Installed	_____ Carbon Monoxide Detectors
_____ Combination Smoke/Carbon Detectors	_____ Portable Fire Extinguisher

Fire Inspector/Fire Official

PAYMENT RECEIVED: _____
Fees Remitted \$ _____ Check No. _____ Cash _____ Collected By: _____