

BOROUGH OF MOUNT ARLINGTON
Mailing Address: 419 Howard Blvd, Mt. Arlington, NJ 07856
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**Application and Certification in Lieu of Inspection for
Certification of Smoke Detector and Carbon Monoxide Alarm & Portable Fire Extinguisher Compliance**

A check or money order made payable to the Borough of Mount Arlington must accompany this form. If the closing date follows the date of receipt by the Borough of Mount Arlington by **more than ten (10) business days, the fee is \$35.00; if received fewer than ten (10) but more than four (4) business days before closing, \$70.00; and if four (4) business days or fewer; \$140.00.** Certification is not transferable, nor is the fee refundable. If change of occupant does not occur within 6 months, a new application shall be required.

Name of Owner: _____ Phone Number: _____

Address: _____ Email: _____

Block _____ Lot _____ Qualifier _____ Closing/Rental Date _____

****** ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATE TO BE VALID ******

- Smoke Detector on each level of the dwelling, including basements, excluding attic or crawl space; and
- Smoke Detector and Carbon Monoxide Alarm outside each separate sleeping area; and within 10 feet of bedrooms
- All Smoke Detectors are in working order. Carbon Monoxide Alarm(s) in working order
- Fire Extinguisher is the correct size, is properly mounted, and located within 10 feet of the kitchen

This is a _____ story dwelling with without a basement.

- An inspection shall be conducted by the owner or an authorized representative of the owner;
- The Smoke Detectors required above shall be located in accordance with NFJPA 74;
- The Carbon Monoxide Alarm(s) installed per NFPA-720;
- The detectors are NOT required to be interconnected. Battery powered detectors and Alarms are acceptable. Note: AC powered and/or interconnected Alarms and Smoke Detectors installed in homes constructed after January 1977 shall be maintained in working order.
- The Fire Extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 et seq). See diagrams on the back of this application for further information regarding installation.

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 a penalty.

Sworn and subscribed to before me this
_____ day of _____ 20_____.

Notary Signature

Notary Seal:

Applicant Signature

Printed Name

Payment Fee: _____ **Check () Cash () Payment Date:** _____ **Received by:** _____

Take Note: This certification is completely unrelated to the COH Inspection. The Zoning Officer is not responsible to inspect or test smoke and/or CO detectors, nor is the Zoning Officer responsible to certify to their existence within a dwelling. **THIS FORM MUST BE NOTORIZED******