

Township of Mansfield
-County of Burlington-
Bureau of Fire Prevention
24548 E. Main Street
P.O. Box 250
Columbus, NJ 08022

Douglas J. Borgstrom
Fire Official

Phone (609)-298-0542 x 10
Fax (609) 298-1863

Please print legibly

**Application for Certification of Smoke / Carbon Monoxide Detector Compliance / Portable
Fire Extinguisher Compliance**

Dwelling Location: Block _____ Lot _____ Address _____
Phone(Day) _____ (Eve.) _____

I, _____, certify that I am the owner or an authorized representative of the owner of the dwelling at the above referenced location. I further certify that this dwelling has smoke detector(s) installed and in working order as stated below. The dwelling unit also has at least one Carbon Monoxide detector within twenty (20) feet of each sleeping area.

***NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR
CERTIFICATION TO BE VALID**

- On each level of the dwelling, including basements, excluding attic and crawlspace; and
- Outside each separate sleeping area; and (within 10 feet of bedrooms)
- All smoke detectors are in working order.

This is a ___ story dwelling with without a basement

The detectors required above shall be located in accordance with N.F.P.A. 72. The detectors are not required to be interconnected. Battery powered detectors are acceptable. Note: AC powered and/or interconnected smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. House must be in compliance with the Township of Mansfield House Numbering Ordinance # 1991-26.

Carbon monoxide detector present (within twenty feet of sleeping area)

An inspection shall be conducted with the owner or the authorized representative of the owner as scheduled by the Fire Official.

Fire Extinguisher mounted (within ten feet of kitchen(s)) minimum 2.5lb. ABC

Anticipated Closing Date _____ / _____ / _____

Name and address where certificate is to be sent: _____

Applicant Signature _____ Date _____

Official use only

Fee Paid \$ _____ Chk.# _____ Re-inspection Fee Paid \$ _____ Date of Inspection ___/___/___

Compliant with house numbering Ord. #1991-26 Yes No Date of Re-Insp ___/___/___

Inspector Name: _____ **Signature** _____

Certificate # _____ **CO Detector** _____ **Date** ___/___/___

Fee Schedule: 10 days or more \$35 <10 to >4 days \$70 < 4 days \$ 125

Re-inspection fee will be equal to initial fee. Once issued, a certificate is non transferable nor is a fee refundable. If the change of Occupant does not occur within six months, a new certificate shall be required.