

FRANKFORD TOWNSHIP

FIRE PREVENTION BUREAU

151 U.S Hwy 206 Augusta New Jersey 07822

(973) 948-7592

INSPECTION APPLICATION SMOKE DETECTOR - CARBON MONOXIDE PORTABLE FIRE EXTINGUISHER

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

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
BLOCK _____ LOT _____
STREET LOCATION _____ NEAREST INTERSECTION _____
PHONE NUMBER _____ DATE OF APPLICATION _____

A \$35.00 Inspection Fee, male payable to the Township of Frankford must be submitted with this application to:
FIRE PREVENTION BUREAU MUNICIPAL BUILDING 151 U.S. HWY 206, AUGUSTA, NEW JERSEY 07822.

FOR OFFICE USE ONLY

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

There were:

_____ Smoke Detectors installed on the date of inspection
_____ Carbon Monoxide alarm installed on the date of inspection
_____ Portable Fire Extinguisher installed on the date of inspection

William Paterson, Fire Official

PAYMENTS

Fees Remitted \$ _____

Check No. _____

Cash _____

Collected By: _____

Date: _____