

**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

DATE OF APPLICATION: \_\_\_\_\_ DATE OF CLOSING: \_\_\_\_\_

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: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_