

**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: _____