

**Stillwater Township Building Department
964 Stillwater Road
Newton, New Jersey 07860
(973)383-6332**

Certificate No. _____

**Smoke and Carbon Monoxide Detector Certification
(For Homeowners)**

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

Name _____

Fees:

Block _____ Lot _____

Fee: \$60.00, Re-Inspection Fee: \$50.00

Address _____

Emergency Fee for Smoke Inspection: \$120.00

Phone Number _____

Date of Application _____

Smoke Certification _____

Inspection Date _____

FOR OFFICE USE ONLY

For Smoke and Carbon Monoxide Detector Inspections Only:

I the undersigned Construction Official certify that on _____, I inspected the above referenced property as required by the Uniform Safety Act PL 1991, Chapter 92 and find that the said property to be in compliance with the Fire Safety Act and Carbon Monoxide Alarm Compliance NJAC 5:70-2.3 and has the required fire extinguisher.

Fee Paid: _____ Check #: _____ Cash: _____

Date Paid: _____

Date Certificate Issued: _____

Richard Bizik, Construction Official