

## Bureau of Fire Prevention Harrison Township Fire District #1 312 Ewan RD Mullica Hill NJ 08062



Office: 856-478-0423 Email: matt@htfd23.com

<u>Application:</u> Certificate of Smoke Alarm, Carbon Monoxide Alarm & Portable Fire Extinguisher Compliance

	& Portable Fir	e Extinguishe	er Compliance
Dwelling Location:		N.S.	
Block:	Street Address:		
Lot:	City:		Zip:
Change of Occupancy	y Type: Sale Rent	al Clos	sing Date:
Owner Information	<u>.</u>		
Owner Name:			
			Zip:
Phone#:	Em	ail:	
Applicant Informat	ion:Ch	eck here if the	same as the owner
Applicant Name:			
Applicant Address:_			
City:		_ State:	Zip:
Phone:	I	Email:	
FEE SCHEDULE:	Checks will be payable to " \$90.00-Requests received 11 \$160.00-Requests received b	Bureau of Fire I or more days fro etween 10 and 5 days or less from	Prevention." om closing/change of occupancy. days from closing/change of occupancy. m closing/change of occupancy.
Applicant Signature	e:		Date:
Please sign above as th	e "applicant" if signifying a co	omplete CSACM.	APFEC application.
N.J.A.C. 5:70-2.3 CSACM	IAPFEC – Before any one- and two-fan	nily or attached single f	family structure is sold, leased, or otherwise made subject to a change of

N.J.A.C. 5:70-2.3 CSACMAPFEC — Before any one- and two-family or attached single family structure is sold, leased, or otherwise made subject to a change of occupancy for residential purposes, the owner shall obtain a certificate or smoke alarm, carbon monoxide alarm, and portable fire extinguisher compliance CSACMAPFEC, evidencing compliance with N.J.A.C. 5:70-4.19, from [Bureau of Fire Prevention, Harrison Township Fire District#1].

Revised 1/01/24

Offical Use only

Permit	#:	

Check #: