



APPLICATION FOR DWELLING SMOKE DETECTOR, CARBON MONOXIDE & FIRE EXTINGUISHER CERTIFICATION

THE CITY OF CLIFTON • 900 CLIFTON AVENUE • CLIFTON, NJ 07013
PHONE: 973-470-5801 • FAX: 973-470-5844

SALE

RENTAL

FOR OFFICIAL USE ONLY

CERT #:	DATE REC'D:
\$:	CK #:
MAP:	ZONE:
INSPECTION DATE:	

1. PROPERTY ADDRESS:	UNIT #:	BLOCK #:	LOT #:	QUALIFIER
CURRENT OWNER'S NAME:	NEW BUYER'S NAME:			
ADDRESS:	ADDRESS:			
CITY/STATE/ZIP:	CITY/STATE/ZIP:			
HOME PHONE:	HOME PHONE:			
REALTOR®/LAWYER'S NAME:	ADDRESS:	PHONE:	CLOSING DATE/OCCUPANCY DATE:	

MUST PROVIDE ACCESS TO DWELLING UNIT, BASEMENT, ATTIC AND COMMON AREA'S AS REQUIRED BY LAW

2. WHO WILL BE RESIDING IN THE HOME-

ADULTS	CHILDREN
NAME:	NAME:
NAME:	NAME:
NAME:	NAME:
NAME:	NAME:
NAME:	NAME:
NAME:	NAME:

LIST ADDITIONAL NAMES AT BOTTOM (SECTION 5)

3. NUMBER OF DWELLING UNITS IN STRUCTURE: _____ MIXED USE: YES NO IF THREE OR MORE DWELLING UNITS, MUST PROVIDE NJ STATE BUREAU OF HOUSING REGISTRATION NUMBER: _____

4. ALL FIRE PROTECTION DEVICES (SMOKE DETECTORS, CARBON MONOXIDE DETECTORS, AND FIRE EXTINGUISHERS) SHALL BE REPLACED IF OLDER THAN 10 YEARS UNLESS OTHERWISE RECOMMENDED BY THE MANUFACTURER ACCORDING TO NFPA 72/ NFPA 720/ UL 2034.

5. WE CERTIFY THAT ALL THE FOREGOING STATEMENTS ARE TRUE. WE ARE AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY US ARE WILLFULLY FALSE, WE ARE SUBJECT TO PUNISHMENT.

DATE: ___/___/___ CURRENT OWNER'S SIGNATURE _____ DATE: ___/___/___ NEW BUYER'S OR TENANT'S SIGNATURE _____

NO CLOSING SHALL TAKE PLACE WITHOUT THE COMPLETED CERTIFICATE OF INSPECTION
CERTIFICATE EXPIRES 6 MONTHS AFTER FIRE DEPARTMENT INSPECTION

5. ADDITIONAL TENANT NAMES AND FLOOR LOCATION:

ADULTS	CHILDREN
_____	_____
_____	_____
_____	_____
_____	_____

IF ADDITIONAL SPACE IS NEEDED TO ADD NAMES PLEASE USE A SEPARATE SHEET OF PAPER.

Stamp

Initials