



Service Operations Facility
514 W. Atlantic Avenue
Haddon Heights, NJ 08035



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EDWARD S. FORTE, JR. MAYOR

**CERTIFICATION FOR ONE & TWO FAMILY DWELLING
SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE**

Dwelling Location: Block _____ Lot _____
Street _____
Property Owner Name _____

Pursuant to N.J.A.C 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.26A, 6.27, and 6.31, an inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be located in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling including basements and outside each separate sleeping area. The detectors are not required to be interconnected. Battery powered detectors are acceptable. NOTE: AC powered detectors and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January 1977 shall be maintained in working order.

I do hereby certify that the detectors and alarms are installed as stated above and in working order. I am the agent/owner of record and I am authorized to make this statement. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Applicant Signature Date

Printed Name