

AM
 PM

CERTIFICATE # _____

**BOROUGH OF SAYREVILLE
APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR
COMPLIANCE N.J.A.C. 5:70-4.19 AND CARBON MONOXIDE ALARM
COMPLIANCE N.J.A.C. 5:70-2.3**

DATE RECEIVED: _____ APPT. DATE: _____

CLOSING DATE: _____ **AMOUNT DUE:** **\$50** **\$75** **\$125**

**A fee of \$50.00 shall be paid for any re-inspection required as a result of any missing, out dated, or non-working life safety equipment or the failure of the applicant or applicant's agent not being present for the inspection. In addition, any cancellation received less than twenty-four (24) hours, shall be subject to the \$50.00 re-inspection fee.

ADDRESS: _____

OWNERS NAME _____ HOME PHONE NUMBER _____

OWNERS CELL PHONE _____ OWNERS PAGER _____

AGENTS NAME _____ PHONE NUMBER _____

AGENTS CELL PHONE _____ AGENTS PAGER _____

CHECK # _____ **CASH \$** _____ **CREDIT** _____ **INSPECTOR** _____

PASS **FAIL** _____

REINSPECTION \$50.00

VIOLATIONS FOUND: YES **NO** **OPEN PERMITS FOUND: YES** **NO**

SENIOR DISCOUNT APPLIED FOR IN PAST 12 MONTHS: YES **NO**

DATE _____ **INITIALS:** _____