



**FRANKFORD TOWNSHIP
FIRE DEPARTMENT**

PO BOX 419 Augusta, New Jersey 07822
973-948-4220

Pass
Fail

INSPECTION APPLICATION
SMOKE DETECTOR – CARBON MONOXIDE
PORTABLE FIRE EXTINGUISHER

Application Date: _____ Resale: Closing Date _____ Rental Date: _____

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

Applicant or Buyer: _____ Address: _____

City: _____ State: _____ Zip: _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____, Block: _____ Lot: _____

Signature



This

Fees: \$50.00 Request received **more than 10 business days**
\$75.00 Request received **less than 10 business days**
\$50.00 Re-Inspection Fee

*Payment to be made payable to the **Frankford Township Fire Department** and must be submitted with this application. Mail form to the address above or use the Drop Box located at the firehouse - 390 Route 206, Branchville.*

FOR OFFICE USE ONLY

I the undersigned Inspector do hereby certify that on _____, I inspected the above referenced property as required by the Uniform Fire Safety Act PL 1991, Chapter 92 and NJAC 5:70-2.3. I find the said property to be in compliance with Fire Safety Act (PL 1191) Chapter 92 and the NJAC 5:70-2.3

_____ Smoke Detectors Installed _____ Carbon Monoxide Detectors
_____ Combination Smoke/Carbon Detectors _____ Portable Fire Extinguisher

Inspector

PAYMENT RECEIVED: _____
Fees Remitted \$ _____ Check No. _____ Cash _____ Collected By: _____