

BUREAU OF FIRE PREVENTION
TOWNSHIP OF OLD BRIDGE
FIRE DISTRICT 1 & 2
3098 HIGHWAY 516
OLD BRIDGE, NJ 08857
info@obfd2.com
PHONE: 732-970-6542
FAX: 732-970-6545

**APPLICATION FOR CERTIFICATION OF
SMOKE DETECTOR / CARBON MONOXIDE
DETECTOR/FIRE EXTINGUISHER COMPLIANCE**

Pursuant to obtaining a Certificate of Approval for Re-Sales or Rental of Homes and Multi-Family Dwellings, a Fire Certification must be obtained from this office prior to closing.

Please complete the following:

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Contact Person's No. _____

LOCATION OF REQUESTED INSPECTION:

STREET ADDRESS: _____

YEAR OF CONSTRUCTION: _____

* **IF YOUR FIRE ALARM SYSTEM IS MONITORED THROUGH A CENTRAL STATION SOMEONE MUST BE ON SITE FOR SYSTEM TO BE TESTED WITH ALARM RESET CODE.**

THE CERTIFICATION EXPIRES 60 DAYS FROM DATE OF ISSUE

Fees for this service are based on a sliding scale and are as follows:

\$50.00 Inspections conducted on ten (10) business days notice or more

\$75.00 Inspections conducted on less than ten (10) but more than four (4) business days notice

\$125.00 Inspections conducted on four (4) business days or less notice

ALL RE-INSPECTIONS SHALL CARRY A FEE OF \$35.00 FOR EACH RETURN INSPECTION. HOLIDAYS & WEEKENDS DO NOT COUNT AS BUSINESS DAYS.

PAYMENT MUST BE MADE PRIOR TO INSPECTION. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO BOFP DISTRICT #2. WE DO NOT ACCEPT CASH FOR INSPECTIONS.

Method of Payment: Check: _____ Date: _____ Amount: _____

Date Inspected:

Time:

Inspector#

SMOKE DETECTOR INSPECTION

<u>FLOOR</u>	<u>TYPE OF DETECTOR</u>	<u>LOCATION OF DETECTOR</u>	<u>OPERABLE</u>
Basement	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
First	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Second	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Third	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fourth	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

CARBON MONOXIDE INSPECTION

<u>FLOOR</u>	<u>TYPE OF DETECTOR</u>	<u>LOCATION OF DETECTOR</u>	<u>OPERABLE</u>
Basement	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
First	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Second	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Third	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fourth	BAT. <input type="checkbox"/> AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/> BEDROOM <input type="checkbox"/> DINING <input type="checkbox"/> OTHER <input type="checkbox"/> INTERCONNECTED <input type="checkbox"/> KITCHEN <input type="checkbox"/> LAUNDRY <input type="checkbox"/> FOYER <input type="checkbox"/> HALL <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

FIRE EXTINGUISHER INSPECTION

PASS FAIL

OCCUPIED APARTMENT, MULTI FAMILY, TOWNHOUSE, CONDO INSPECTION LIST

	Pass	Fail	N/A
1. Hot Water Heater Flue and Venting-----	[]	[]	[]
2. Furnace Flue/ Combustion Make Up Air-----	[]	[]	[]
3. Electrical Panel/Circuits Breakers-----	[]	[]	[]
4. Fireplaces and/ or Chimneys-----	[]	[]	[]
5. Wall Penetrations-----	[]	[]	[]
6. Building, Apt. Numbering / Lettering Posted-----	[]	[]	[]
7. Basement/Bedrooms Egress-----	[]	[]	[]
8. Means of Egress ie: Windows, Balcony, Entrance Doors,-----	[]	[]	[]
9. Double Key Deadbolts, Stairwell Protection, Fire Doors-----	[]	[]	[]
10. Interior Finishes-----	[]	[]	[]
11. Extension Cords-----	[]	[]	[]
12. Proper Storage -----	[]	[]	[]