

# TOWNSHIP OF READINGTON

WHITEHOUSE STATION, NEW JERSEY 08889

SEAN SMITH  
Bureau of Fire Prevention

PHONE: 908-534-4051 x263  
FAX: 908-534-0038



MUNICIPAL BUILDING  
509 ROUTE 523  
WHITEHOUSE STATION, NJ 08889

VITA MEKOVETZ, RMC/CMC/QPA  
ADMINISTRATOR/MUNICIPAL CLERK

## SMOKE DETECTOR / CARBON MONOXIDE ALARM COMPLIANCE INSPECTIONS

- Complete the attached application and submit with a check for \$50.00 payable to Readington Township.
- Smoke Detector / Carbon Monoxide Fire Extinguisher Compliance inspections are performed on Wednesday's between 10:30 AM & 2:00 PM depending on weekly volume.
- If you would like an appointment, leave your contact number on application and we will attempt to confirm an approximate time of day before the planned inspection.
- We will make every effort to schedule your inspection the following Wednesday upon receipt of your completed application. Approved certificates are presented on day of inspection.

### **NOTE:**

Inspections requested within one week require a \$150.00 fee; within two weeks a \$100.00 fee.

Inspection failures require reapplication along with an additional \$50.00 fee.

Thank you for your co-operation,

Sean Smith  
Fire Official

revised 11/29/17

**READINGTON TOWNSHIP  
BUREAU of FIRE PREVENTION  
509 ROUTE 523, SOUTH  
WHITEHOUSE STATION, NJ 08889  
PHONE 908-534-4051 x263**

**APPLICATION FOR ONE & TWO FAMILY DWELLING  
CERTIFICATION OF SMOKE DETECTOR/CARBON MONOXIDE ALARM  
COMPLIANCE**

**Dwelling Location:** (mailing address)      **Property Owner** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_  
**Street** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner or an authorized representative of the owner of the dwelling at the above referenced location. I further certify that this dwelling has smoke detector(s) and carbon monoxide detector(s) and fire extinguisher installed and in working order as stated below:

**\*NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID**

- Smoke detectors on each level of the dwelling, including basement, excluding attic or crawl space; and
- Outside each separate sleeping area; and (within 10 feet of bedrooms)
- Smoke detector type (battery, hard wire or battery back-up) must be maintained at time of latest Certificate of Occupancy.
- All smoke detectors are in working order.
- Carbon monoxide - Outside each separate sleeping area; and (within 10 feet of bedrooms) in working order.
- Portable fire extinguisher shall be listed, labeled, charged, and operable 1:A 10:BC dry chemical type no larger than 10lb. rated for residential use mounted with approved manufacturer's bracket within 10 feet of kitchen with the top no higher than 5 feet above the floor. Extinguisher shall be accompanied by an owner's manual or written information regarding the operation, inspection and maintenance of the extinguisher. Extinguisher must be visible and in a readily accessible spot, free from blocking by furniture, storage, equipment, and any other items.

This is a \_\_\_\_\_ story dwelling \_\_\_\_\_ with \_\_\_\_\_ without a basement.

Rental Unit: \_\_\_\_\_ Sale: \_\_\_\_\_

An inspection shall be conducted by the owner or an authorized representative of the owner. If certificate of occupancy is prior to 1977, the detectors required above shall be located in accordance with NFIPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. Note: AC powered and/or interconnected smoke detectors install in homes constructed after January, 1977 shall be maintained in working order. See diagrams on the back of this application for further information regarding installation. Carbon Monoxide detectors can be battery operated, plug in or hard wired.

**\*\*\*Smoke detector/carbon monoxide alarms and portable fire extinguisher Certificates are valid for six (6) months\*\*\***

**Approved certificates will be issued day of inspection.  
Inspection failures require re-application along with an additional \$50.00 fee.**

**Contact Person:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Closing Date:** \_\_\_\_\_

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Applicant Signature**

*Note: A check or money order in the amount of \$50.00 made payable to Readington Twp. If inspection request is less than one week fee is \$150.00. If less than two weeks \$100.00.*