



Division of Fire Safety
 Bureau of Fire Prevention & Investigation
 201 Jefferson Street
 Hoboken, NJ 07030
 201 420 2268/9



CHANGE OF OCCUPANCY FOR RESIDENTIAL PURPOSES
CERTIFICATE OF SMOKE ALARM, CARBON MONOXIDE
ALARM AND PORTABLE FIRE EXTINGUISHER COMPLIANCE, AS PER, N.J.A.C. 5:70-2.3,
EVIDENCING COMPLIANCE WITH N.J.A.C. 5:70-4.19 AND MAINTAINED IN ACCORDANCE WITH NFPA 72.

Dwelling/Premises Location: _____ Unit Number: _____

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

- { } Smoke detectors shall be installed on each level of the premises and outside of each separate sleeping area, as per, N.J.A.C. 5:70-4.19. The required smoke detectors (**ten-year sealed battery-powered single station ANSI/UL 217**) shall be located and maintained in accordance with NFPA 72.
- { } Carbon monoxide alarms shall be installed and maintained in the immediate vicinity of the sleeping area(s). Carbon monoxide alarms may be battery-operated, hard wired or the plug-in type and shall be listed and labeled in accordance with UL-2034 and shall be installed in accordance with NFPA-720.
- { } Exception to carbon monoxide requirement; dwelling unit or structure DOES NOT contain fuel burning appliance(s) or an attached garage.
- { } Fire extinguisher is correct size (2A:10B: C), is properly mounted and is located within 10 feet of kitchen and in the path of egress.

BY SIGNING AND CERTIFYING BELOW, YOU HEREBY CONFIRM THAT YOU HAVE INSPECTED ALL BATTERY OPERATED SMOKE DETECTORS & CARBON MONOXIDE DETECTORS THROUGH-OUT THE ENTIRE PREMISES LISTED ABOVE, AND THAT ALL BATTERY OPERATED SMOKE/CARBON MOMOXIDE DETECTORS ARE OPERATIONAL AND ARE IN WORKING ORDER, AS PER, N.J.A.C. 5:70-4.19, N.J.A.C. 5:70-3, 907.11.2, NFPA 72 AND NFPA 720. * EFFECTIVE AS OF JAN 1, 2019 TEN-YEAR SEALWED BATTERY-POWERED SINGLE STATION SMOKE ALARMS SHALL BE INSTALLED. HOWEVER, A/C-POWERED SINGLE OR MULTIPLE-STATION SMOKE ALARMS SHALL NOT BE REPLACED WITH BATTERY-POWERED SMOKE ALARMS. A/C POWERED SMOKE ALARMS SHALL BE ACCEPTED AS MEETING THE REQUIREMENTS OF THIS SECTION. IT IS THE RESPONSIBILITY OF THE OWNER TO OBTAIN A CERTIFICATE OF SMOKE ALARM, CARBON MONOXIDE ALARM, AND PORTABLE FIRE EXTINGUISHER COMPLIANCE.

Date & Time of inspection: _____ / _____ if applicable, professional license#: _____

Test conducted by: Print & Sign name: _____ / _____ Phone#: _____

Please mail certificate to: _____ Phone # _____

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 forgoing statements made by me are willfully false I will be subject to VIOLATIONS AND PENALTIES, AS PER, N.J.A.C. 5:70-2.12.

Sworn and subscribed to before me this _____ day of _____ 20_____.

 (Notary Signature)

 Owner/agent Signature

 Printed Name

Note: A check or money orders made payable to the City of Hoboken must accompany this application.
 1. Requests for CSACMAPFEC received more than 10 BUSINESS days prior to the change of occupant: **\$45.00**
 2. Requests for CSACMAPFEC received 4 to 10 BUSINESS days prior to the change of occupant: **\$90.00**; and
 3. Requests for CSACMAPFEC received fewer than 4 BUSINESS days prior to the change of occupant: **\$161.00.**
 AS PER, N.J.A.C. 5:70-2.9(D) Fees: ***APPLICATION FEES ARE NON-REFUNDABLE ONCE PROCESSED**

FD OFFICE USE ONLY: Date Received: _____ Receipt Number: _____ Date Processed _____ Completed By: _____

