DELANCO FIRE DISTRICT# 1

Bureau of Fire Prevention & Inspection

Application for Certification of Smoke Alarm and Carbon Monoxide Alarm Compliance

To schedule an inspection, the seller **must** complete the Smoke Alarms Inspection Form and submit it to the Fire Official's Office at least 10 days prior to settlement along with the applicable payment. The seller or his representative must make sure that the Smoke Alarms and Carbon Monoxide Alarms are the proper type, in working order and are in the proper locations according to the guidelines listed below. This form must be completed in its entirety for an Inspection to be scheduled. Please email fm@delancofire.com if you have any questions prior to submitting this form.

If there are two or more separate residences on the property that is being sold (i.e. cottage, garage apartment, or multiple rental units), a separate application and fee is required for each dwelling unit.

A physical inspection of the property, by an inspector from this office, will be scheduled with the seller or representative on the first available Monday after receiving ALL INFORMATION AND PAYMENT.

If received ten (10) business days or more prior to settlement the fee is $45.00.
If settlement is less than ten (10) business days, contact the Fire Official at fm@delancofire.com **and** call 856-764-8176. If you get the answering machine leave the following information:
Name:
Address:
Date of Closing/settlement:
Phone#: PLEASE GIVE YOUR PHONE NUMBER SLOWLY
E-mail address: PLEASE GIVE YOUR EMAIL ADDRESS SLOWLY

Fees are payable by Check or Money Order to Delanco Fire District #1 and must be sent to the following address:
Delanco Fire Official P.O. Box 5021 Delanco, New Jersey 08075 and must be received prior to the inspection being scheduled.

INSPECTION ITEMS

Before scheduling an inspection, be sure to check that all items were inspected following the guidelines set forth below:

Smoke Alarm Requirements:

Smoke Alarm Requirements are based on the Residential Dwellings Year of Construction (or improvements made requiring code upgrade)

- Pre 1975 DC powered Smoke Alarms (must be sealed battery type) on each level including the basement (if applicable)
- 1975-1977 AC powered Smoke Alarm with battery backup on uppermost level and DC Smoke Alarms (must be sealed battery type) on **ALL** other levels
- 1977-1983 AC powered Smoke Alarms with battery backup on uppermost and basement level (electrically interconnected) DC Smoke Alarms (must be sealed battery type) on **ALL** other levels
- 1983-1991 AC powered Smoke Alarms with battery backup on every level (electrically interconnected)
- 1991-Present AC powered Smoke Alarms with battery backup on each level and in each sleeping area (bedrooms) electrically interconnected

The Smoke Alarms required above shall be **UL listed** and installed and maintained in accordance with NFPA 72. As part of the above required locations, a smoke alarm shall be located in the immediate vicinity of the sleeping area(s).

ALL SMOKE ALARMS MUST BE LESS THEN 10 YEARS OLD AND ALL NON-AC SMOKE ALARMS MUST BE 10 YEAR SEALED BATTERY TYPE PER NJ UNIFORM FIRE CODE

Carbon Monoxide Alarm Requirements:

Carbon Monoxide Alarms shall be installed in the dwelling units in one and two family or attached single family dwellings, except for units in buildings that DO NOT contain a fuel-burning device or have an attached garage, as follows:

- 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 of the plug-in type and shall be **UL listed** and labeled in accordance with UL-2034 and shall be installed in accordance with the requirements the NJ Uniform Fire Code and NFPA-720.

Additional Requirements:

- A house number must be easily visible from the street.
- If the property contains a secondary power source (permanently installed generators, solar panels, battery storage systems, or any other supplemental source of electrical energy to the primary power supply) then warning labels must be installed.
- One warning label shall be installed within 18 inches of the main electrical panel and a second label within 18 inches of the electrical meter.
- The warning labels should say “CAUTION: MULTIPLE SOURCES OF POWER” or similar wording and may NOT be hand written.
- A label compliant with ANSI Z535.4 will meet this requirement.

SMOKE ALARMS INSPECTION FORM

PROPERTY INFORMATION

Property Address:

Property Address Line 2:

Property Block/ Lot (if known):

Date of Closing:

Year of construction (4 digits):

Number of Rental Units:

INSPECTION CONTACT INFORMATION

Owner Name:

Email address:

Owner Phone Number:

Buyer Information:

Name: Contact info:

CERTIFICATIONS

Date Self Inspection was completed:
(mm/dd/yyyy)

BY INITIALING EACH LINE BELOW, YOU CERTIFY THAT YOU HAVE PHYSICALLY INSPECTED THE FOLLOWING ITEMS ON THE ABOVE DATE

___ There is a visible house/unit number on the property, easily seen by Emergency Responders.

___ Smoke Alarms comply with and have been installed in accordance with NFPA 72 and the New Jersey Uniform Fire Code.

___ Carbon Monoxide alarms comply with and have been installed in accordance with NFPA 720 and the New Jersey Uniform Fire Code.

___ All Smoke and Carbon Monoxide Alarms are less than 10 years old.

___ All Smoke and Carbon Monoxide Alarms were tested on the above date and are in working order.

___ If the property has a secondary power source, the required labels are in place and easily readable.

STATEMENT OF AFFIRMATION

___ The property owner or their representative has conducted this inspection and attests that: The required Smoke Alarms are listed and located in accordance with NFPA-72 and the New Jersey Fire Code; All Carbon Monoxide Alarms are listed and located in accordance with NFPA 720, UL-2034 and the New Jersey Uniform Fire Code.

___ I do hereby certify that the foregoing statements made by me are true. I have read and fully understand the contents of this application. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to PENALTY.

SIGNATURE:_____ DATE:_____

Mail completed form with Payment to Delanco Fire Official
P.O. Box 5021 Delanco, New Jersey 08075

Once this form along with the applicable payment is received, you will be contacted to schedule an inspection.