

Township of Readington  
 Bureau of Fire Prevention  
 509 Route 523  
 Whitehouse Station, NJ 08889  
 (908) 534-4051 x263

# Application for Certificate of Residential Fire Inspection



(Certificate of Smoke Alarm, Carbon Monoxide Alarm, and Portable Fire Extinguisher Compliance)  
 (CSACMAPFEC)

<b>Fee: \$50.00</b> <u>More than two weeks</u> prior to closing date	<b>Fee: \$100.00</b> <u>Within two weeks</u> prior to closing date	<b>Fee: \$150.00</b> <u>Less than one week</u> prior to closing date	<b>Re-inspection fee: \$50.00</b> Failed inspections require a re-inspection and payment of \$50.00
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Fee based on number of business days prior to closing application and payment are received (see above)  
 Make check payable to: Township of Readington  
 Memo section: Include address of actual location of inspection

Please legibly enter all information in the box below

Sale  or Rental  Closing/ rental date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (date required)

**Residence to be inspected:**  
 Property owner: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Contact:**  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Email: \_\_\_\_\_

**By signing below, I attest that I and/or a responsible party for the residence being inspected have verified that all fire safety requirements have been checked and are in compliance.**  
 (Please refer to Residential Fire Inspection Checklist which can be found attached to this document to check the basic fire safety requirements)

**Signature of applicant:** \_\_\_\_\_

**Print name of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Do not write below**

Date **completed** application and payment received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspection: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Payment type: [ ] Cash [ ] Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

[ ] Pass [ ] Fail Deficiencies: \_\_\_\_\_

Re-inspection: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Payment type: [ ] Cash [ ] Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

[ ] Pass [ ] Fail Deficiencies: \_\_\_\_\_

Notes: \_\_\_\_\_

Date certificate issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate # 22- \_\_\_\_\_



## **Residential Fire Inspection Checklist** **(Take home and confirm the following)**

Please read **all** of the following information carefully:

This checklist is for the homeowner to confirm the **basic requirements** to pass the inspection as set by NJAC 5:0-4.19 and NFPA. This checklist **does not guarantee passing**, as there are various other conditions that could cause a failure that are too extensive and infrequent to list. **Do not submit with application, this is for you to retain for the inspection.**

**Failure** to confirm the following prior to inspection will result in a failed inspection which will require a reinspection as well as a **\$50.00 reinspection fee.**

### **Smoke alarms:**

- Required on each level of the dwelling, including basement, excluding unfinished attic or crawl space; and within approximately 21 feet of all bedrooms in a common area. (NJAC 5:70-4.19(a))
- Smoke alarms that were hardwired in additional rooms; bedroom, office, etc., must be maintained as hardwired and kept at least **3 feet away from ceiling fans** measured horizontally from the end of the blade to smoke alarm. (NFPA 72-13 29.8.3.4(8)) (NJAC 5:70-4.19(b))
- Smoke alarms shall not remain in service longer than **10 years** from the date of manufacture. (NFPA 72-13 14.4.7.1)
- All smoke alarms must be in working order. (Hardwired and/or interconnection must be maintained where applicable.)  
**Test all smoke alarms.** (NJAC 5:70-4.19(c))
- Where applicable; when non-hardwired, battery operated smoke alarms are installed, they must be of the sealed 10 year battery type. (They cannot substitute for hardwired smoke detectors) (NJAC 5:70-4.19(c))

### **Carbon monoxide alarms:**

- Installed outside each separate sleeping area within approximately 21 feet of all bedrooms, in working order. (NJAC 5:70-4.19(d))

### **Portable fire extinguisher:**

- Shall be listed, labeled, charged, and operable **2A:10B:C** (ABC dry chemical type). **Mounted** with approved manufacturer's bracket within 10 feet of kitchen with the top no higher than 5 feet above the floor and no less than a foot off the floor. (NJAC 5:70-4.19(e)1,3,4,7)
- Extinguisher must be **clearly visible and in a readily accessible spot** from the kitchen, free from blocking by furniture, storage, equipment, and any other items. (NJAC 5:70-4.19(e)2)
- Do **not** mount inside cabinets, closet, pantry, laundry room, or garage or **otherwise on other side of door from kitchen.** (NJAC 5:70-4.19(e)2)
- Must have been recently purchased or serviced **within past 12 months.** (NJAC 5:70-4.19(e)6)

Any questions or concerns, feel free to contact me at any time.

Sean B. Smith  
Fire Official  
(908) 534-4051 x263  
fire\_official@readingtontwp-nj.org

**FIRE EXTINGUISHER**  
**SIZE: 2A:10B:C**