

Bureau of Fire Prevention Township of Ocean

Twp. of Ocean Fire Dist. No. 1

P.O. Box 173
Oakhurst, N.J. 07755
Phone: 732-222-2624
Fax: 732-229-7326

Twp. of Ocean Fire Dist. No. 2

P.O. Box 2263
Ocean, N.J. 07712
Phone: 732-988-0880
Fax: 732-988-6698

APPLICATION FOR SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Date of Application: _____ Date of Closing: _____

Address of Inspection: _____

Current Owners Name:
And Address if Different from above _____

Phone No. _____ Block: _____ Lot: _____

Buyer/Renters Name and Current Address: _____

Agents Name, Firm, and Phone No. _____

Applicants Signature: _____ Date: _____

Before any structure is sold, leased, or otherwise made subject to change of occupancy the owner shall obtain a
Smoke detector / Carbon Monoxide alarm certificate or be subject to a \$500.00 Fine as per N.J.A.C. 5:70-2.12

***Call Appropriate Fire District # for Appointment and Fee Schedule
Make Checks Payable to: Township of Ocean Fire District No. __ 1 __***

The Detectors required below shall be located in accordance with NFPA 74-1984. The Detectors are not required to be interconnected. Battery powered detectors are acceptable. NOTE: Homes constructed after January 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order.

- On each level of the dwelling, including basements: excluding attic or crawl spaces: and
- Outside each separate sleeping area: and
- Carbon Monoxide detector installed within the vicinity of each sleeping area.
- All Smoke and Carbon Monoxide detectors are in working order.

For Office Use Only

Fee: _____ Date of Inspection: _____ Log # _____

Inspectors Name: _____ Fire Marshal: _____ Date: _____