



SINCE 1844

ROCKAWAY TOWNSHIP

65 MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866

DEPARTMENT OF FIRE
Fire Prevention Bureau

Residential Smoke Alarm, Carbon Monoxide Alarm, & Portable Fire Extinguisher Compliance Requirements

Smoke Alarms

- TEN (10) year sealed battery (lithium ion) powered single station smoke alarms shall be installed and ANSI/UL 217 listed.
- Based on age of the home or date of modification, the requirements for detectors vary. 1990 required more detectors and interconnected devices in homes.
- Hardwired and interconnected devices must remain as such. These systems shall not be replaced with battery powered alarms.
- A/C powered smoke alarms shall be accepted as meeting the requirements of N.J.A.C. 5:70-4.19. However, any device must be less than TEN (10) years old.
- All alarm systems that are monitored or once were monitored must be tested by a Division of Fire Safety Certified Contractor or a Licensed Electrician PRIOR to the scheduled Fire Prevention Inspection. A detailed certificate of inspection is to be provided to the inspector showing the system is functioning properly.

Carbon Monoxide Alarms

- Must be less than SEVEN (7) years old.
- Shall be located with the immediate vicinity of sleeping areas.
- Battery-powered, Hardwired, Plug-in, and combination devices are acceptable.
- Required in all units containing fuel-burning appliances and/or attached garages.
- Shall be listed and labeled in accordance with UL-2034 and NFPA 720, Standard for the installation of Carbon Monoxide (CO) Detection and Warning Equipment.

Portable Fire Extinguishers

- The requirements for type & placement of the extinguishers are as follows:
 - Shall be rated 2A-10B:C, have a connected hose and weigh no more than 10 pounds.
 - Shall be mounted using manufacturer supplied hardware so operating instructions are clearly visible.
 - Shall be within 10 feet of the kitchen and located in the path of egress.
 - The extinguisher shall not be obstructed from view.
 - The top of the extinguisher shall be no more than FIVE (5) feet above the floor.
 - The extinguisher shall be new as evidenced by sales receipt or tested and tagged by a certified New Jersey Division of Fire Safety contractor within the past TWELVE (12) months. At the time of the inspection, the extinguisher shall be charged and operable (arrow in green area of the gauge).

ALL FIRE SAFETY EQUIPMENT SHOULD BE INSTALLED AND MAINTAINED CONSISTENT WITH
MANUFACTURER SPECIFICATION

The application for inspection is found on the second page of this document.



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DEPARTMENT OF FIRE
Fire Prevention Bureau

Residential Application for Certificate of Smoke Alarm, Carbon Monoxide Alarm, & Portable Fire Extinguisher Compliance

Dear Rockaway Township Homeowner:

Before any one- and two- family or attached single family structure is sold, leased, or otherwise made subject to a change of occupancy for residential purposes, the owner shall obtain a certificate evidencing compliance with CSACMAPFEC. (N.J.A.C. 5:70-2.3)

TAKE NOTICE that prior to the sale, lease or change of occupancy for any residential (R-3) structure in the State of New Jersey, the owner is required to install Smoke Detector(s) on each level of the dwelling, carbon monoxide alarm(s), if required, in area of bedrooms, and a portable fire extinguisher located within the area of a kitchen and in the path of egress. (N.J.A.C. 5:70-4.19).

REFER TO SCF REQUIREMENTS DOCUMENT FOR DETAILS

New Jersey State Uniform Fire Code, N.J.A.C. 5:70-2.9(d) establishes the following fee schedule for applications received prior to the closing / change of occupancy date:

- | | |
|---|----------|
| 1. Requests received more then TEN (10) BUSINESS DAYS | \$45.00 |
| 2. Requests received FOUR (4) to TEN (10) BUSINESS DAYS | \$90.00 |
| 3. Requests received fewer than FOUR (4) BUSINESS DAYS | \$161.00 |
- Township of Rockaway Code § 13-2.4

Please provide the following information and eMail, Fax, Mail, or Hand Deliver this application to the above address.

PROPERTY BLOCK _____ LOT _____ APPLICATION DATE _____

PROPERTY ADDRESS _____

RESPONSIBLE PERSON _____
Realtor _____ Owner _____

CONTACT NAME _____

CONTACT PHONE _____

CORRESPONDENCE eMAIL (**REQUIRED**) _____

CLOSING DATE _____

**** PAYMENT MUST BE RECEIVED PRIOR TO INSPECTION DATE ****

Checks payable to Rockaway Township. Certificates are not transferrable & are valid for SIX (6) months.

--OFFICE USE ONLY--

Date received _____ By _____

Method of Payment Cash _____ Check _____ Money Order _____ Receipt Number _____

Assigned Inspector _____ Certificate # _____