



Bureau of Fire Prevention

Washington Township – Morris County

Long Valley, New Jersey, 07853

Serving Warren County's Mansfield, Independence Township and Borough of Washington



Direct: (908)-876-8637

www.wtmorris.org

Fax: (908)-876-5082

Application and Certification In Lieu of Inspection Certificate of Smoke Detector and Carbon Monoxide Alarm and Portable Fire Extinguisher Compliance

Owners:	
Block & Lot:	
Street Address:	
Municipality	
Contact #	
Email:	
Buyer(s) Name:	
Contact #	
Email:	

***If this is a rental property enter the tenants name in the "Buyer(s) Name" line.**

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFPA 72; the carbon monoxide alarm(s) installed per NFPA-720. Smoke detectors, carbon monoxide detectors and portable fire extinguishers shall installed and maintained in accordance to N.J.A.C 5:70-4.19. These requirements can be found at: <https://drive.google.com/file/d/1b1tdIaMGgfQkEtUaZQbKC3j5fBY-vy8R/view>

Application fee \$40, Payable to **Washington Township**. Fee can be mailed with affidavit or dropped off at our Town Hall drop box. Please know that a certificate will not be issued until application fee is obtained.

**Mail to: Washington Township
43 Schooley's Mnt Road
Long Valley, NJ 07853**

In addition to this affidavit, the applicant shall email photos of the following to fireinspection@wtmorris.net Please include the address in the subject line.

- 2A10BC extinguisher mounted in kitchen
- Extinguisher manufacture date (on side or stamped under it)
- CO Alarm mounted near bedrooms and manufacture date
- Photo of smoke detectors in appropriate locations
- Photo of the manufacture date of each detector

If you are using a cell phone, there are collage apps to assist in the reducing the amounts of photos per email. Do not hesitate to send multiple emails.

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

Notary Signature

I do here by certify that the foregoing statements made by me are true. I am aware that in any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Applicant Signature

Print Name

Date