



Phone: 973.427.7544

Borough of Hawthorne

Fire Prevention and Housing Bureau
445 Lafayette Ave, 2nd Floor
Hawthorne, NJ 07506
<https://www.hawthornenj.org/268/Fire-Prevention>



Fax: 973.305.2059

**** CHANGE IN TENANCY **** **Application for Certificate** **of Smoke Detector and Carbon Monoxide Alarm**

Dwelling Location: (Not mailing address) Block _____ Lot _____ Number of units in building _____
Address & Unit Number _____
Year Built _____

NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID

- Smoke Detector on each level of the dwelling, including basements, attics and
- Smoke Detector and Carbon Monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms
- All smoke detectors are in working order.
- Carbon Monoxide alarm(s) are in working order

YEAR BUILT (required) _____ **Lead Certificate Required if built before 1978**

This is a _____ story dwelling _____ with _____ without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The detectors required above shall be located in accordance with NFPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors installed in homes constructed after January 1977 shall be maintained in working order. See diagrams on the back of this application for further information regarding installation.

****SMOKE DETECTOR CERTIFICATES ARE VALID FOR (6) MONTHS ****

Please mail certificate to: _____ Phone # _____

Contact Person _____ Phone # _____ Occupancy Date _____

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.
Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Signature _____

Applicant Signature _____

Printed Name _____

Note: A check or money order in the amount of \$30.00 for CERTIFICATE ONLY or \$40.00 for ON-SITE INSPECTION, made payable to the Borough of Hawthorne must accompany this application. Please allow two weeks for processing and delivery. A CSDC shall not be transferable. If the change of occupancy specified in the application for a CSDCMAC does not occur within six months, a new application shall be required.
**** Application fees are non-refundable ****

Certificate # _____	For office use only	Check # _____
Date issued _____	N.J.S.A. 5:70-2.3 & 4.19(d)	Cash _____