

MONTAGUE TOWNSHIP FIRE PREVENTION BUREAU

Sched. _____

277 Clove Road. Montague, NJ 07827
Office: 973-293-3366 Fax: 973-293-8258
Matthew Kansky, Fire Marshal
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INSPECTION APPLICATION - SMOKE DETECTOR – CARBON MONOXIDE PORTABLE FIRE EXTINGUISHER

DATE OF APPLICATION: _____ RESALE _____ RENTAL _____ **(Please check one)**

DATE OF CLOSING: _____ DATE OF LEASE: **Begin:** _____ **End:** _____

We the undersigned do hereby make application in accordance with the Uniform Fire Safety Act PL 1991, Chapter 92, whereby we request an inspection of the smoke detection system in the below referenced property.

(A valid mailing address must be submitted for current owner, new owner and tenant)

Property Address: _____ Block _____ Lot: _____ Unit# _____

Owner's Name: _____ Phone: _____

Mailing Address: _____

Buyer/Tenant's Name _____ Phone: _____

Mailing Address: _____

PERSON RESPONSIBLE TO MEET INSPECTOR: _____ Phone: _____

Number of people to reside in unit: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Fees: \$45.00 Request received **more than 10 business days** prior to the change of occupant.

\$90.00 Request received **4 to 10 business days** prior to the change of occupant.

\$161.00 Request received **fewer than 4 business days** prior to the change of occupant

Note: \$50.00 Re-inspection fee for all units that fail the inspection.

***Payment to be made payable to the Montague Township Fire Prevention
and must be submitted with this application.***

FOR OFFICE USE ONLY

PAYMENT RECEIVED:

Fees Remitted \$ _____ Cash _____ Check No. _____

Collected By: _____ Date: _____