



**MONTCLAIR FIRE DEPARTMENT**

**FIRE PREVENTION BUREAU**

**1 PINE STREET, MONTCLAIR, NJ 07042**

**PHONE: 973-509-4769 FAX: 973-744-2897**

**FORWARD AFFIDAVIT TO: [FirePrevention@montclairnjusa.org](mailto:FirePrevention@montclairnjusa.org) ten (10) or more days prior to closing**

**AFFIDAVIT – SELF CERTIFICATION FOR SMOKE ALARMS, CARBON MONOXIDE ALARMS & FIRE EXTINGUISHERS  
FOR COMPLIANCE WITH N.J.A.C. 5:70-4.19**

AN INSPECTION SHALL BE CONDUCTED BY THE OWNER OR AN AUTHORIZED REPRESENTATIVE OF THE OWNER. THE SMOKE ALARMS SHALL BE LOCATED IN ACCORDANCE WITH NFPA 74; THE CARBON MONOXIDE ALARM(S) INSTALLED PER NFPA-720; THE FIRE EXTINGUISHER INSTALLED PER P.L. 2005, c.71 (N.J.S.A. 52:27d-198.1 et seq). BATTERY SMOKE FIRE PROTECTION DEVICES MUST BE TEN-YEAR SEALED BATTERY-POWERED SINGLE STATION SMOKE ALARMS LISTED IN ACCORDANCE WITH ANSI/UL 217. A/C-POWERED SINGLE OR MULTIPLE-STATION SMOKE ALARMS INSTALLED IN HOMES CONSTRUCTED AFTER JANUARY 1977 SHALL NOT BE REPLACED WITH BATTERY-POWERED SMOKE ALARMS, BUT SHALL BE MAINTAINED IN WORKING ORDER. CARBON MONOXIDE ALARMS MAY BE BATTERY OPERATED, HARD-WIRED OR PLUG-IN TYPE AND IN ACCORDANCE WITH UL-2034 AND NFPA-720 AND MUST BE REPLACED IF PAST EXPIRATION. REQUIRED FIRE EXTINGUISHERS SHALL BE AN APPROVED LISTED AND LABELED TYPE WITH A MINIMUM RATING OF 2A-10B:C, NO MORE THAN 10 POUNDS, SERVICED AND TAGGED WITHIN THE PAST 12 MONTHS OR WITH A RECENTLY PURCHASED RECEIPT.

FOR PLACEMENT REQUIREMENTS: [https://www.montclairnjusa.org/government/departments/fire\\_department/inspections](https://www.montclairnjusa.org/government/departments/fire_department/inspections)

PLEASE COMPLETE ONE AFFIDAVIT FOR EACH BUILDING (print clearly)

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_

- One Family Dwelling       Two-Family Dwelling       Apartment Building (3 or more) # Units \_\_\_\_\_
- Rental (1 or 2 Family) \_\_\_\_\_ Apt. floor \_\_\_\_\_       Mix Use: # Dwelling Units \_\_\_\_\_ # Commercial Units \_\_\_\_\_

TYPES	NUMBER INSTALLED	LOCATION
<b>CARBON MONOXIDE ALARMS</b>		
<b>10 YEAR SEALED BATTERY SMOKE ALARMS</b>		
<b>HARDWIRED SMOKE ALARMS</b>		
<b>FIRE EXTINGUISHERS</b>		

As owner of, or authorized agent for the property listed above, I do hereby certify that the smoke alarms, carbon monoxide alarms and fire extinguisher(s) are installed and operative in all dwelling units and other areas as required by the code section cited above.

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 a penalty.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name (print clearly)

Please mail certificate to - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Closing Date: \_\_\_\_\_

A check or money order made payable to "Township of Montclair, LEA" must accompany this form and a completed application, payment and forms must be received 10 days or more prior to closing, mailed to the above address. One & Two-Family Dwellings & Rentals \$75; Three to Six Family Dwellings \$100; Seven to Fifteen Family Dwellings \$150; Over Fifteen Family Dwellings \$225. Once issued, a Certificate is not transferable, nor is the fee refundable. If the change of occupancy does not occur within 6 months, a new application, affidavit and fee shall be required.

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ INSPECTOR'S NAME: \_\_\_\_\_