

BUREAU OF FIRE PREVENTION
TOWNSHIP OF OLD BRIDGE
FIRE DISTRICTS 1 & 2
3098 HWY. 516
OLD BRIDGE, N.J. 08857
info@obfd2.com
(732) 970-6542
FAX: (732) 970-6545

BUREAU OF FIRE PREVENTION
OLD BRIDGE TOWNSHIP
FIRE DISTRICT 3
913 ENGLISHTOWN ROAD
OLD BRIDGE, N.J. 08857

(732) 723-1124
FAX: (732) 723-9658

BUREAU OF FIRE PREVENTION
OLD BRIDGE TOWNSHIP
FIRE DISTRICT 4
3011 CHEESEQUAKE ROAD
PARLIN, N.J. 08859

(732) 727-5589
FAX: (732) 316-2660

**APPLICATION FOR CERTIFICATION OF
SMOKE DETECTOR / CARBON MONOXIDE
DETECTOR/FIRE EXTINGUISHER COMPLIANCE**

Pursuant to obtaining a Certificate of Approval for Re-Sales or Rental of Homes and Multi-Family Dwellings, a Fire Certification must be obtained from the appropriate Fire District listed above.

Please complete the following:

Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Contact Person's No. _____

LOCATION OF REQUESTED INSPECTION:

STREET ADDRESS: _____

YEAR OF CONSTRUCTION: _____

* **IF YOUR FIRE ALARM SYSTEM IS MONITORED THROUGH A CENTRAL STATION SOMEONE MUST BE ON SITE FOR SYSTEM TO BE TESTED WITH ALARM RESET CODE.**

THE CERTIFICATION EXPIRES 60 DAYS FROM DATE OF ISSUE

Fees for this service are based on a sliding scale and are as follows:
\$50.00 Inspections conducted on ten (10) business days notice or more
\$75.00 Inspections conducted on less than ten (10) but more than four (4) business days notice
\$125.00 Inspections conducted on four (4) business days or less notice

All re-inspections of Multi Dwelling Inspections, Smoke Detector/Carbon Monoxide Detector/Fire Extinguisher Inspections shall carry a fee of \$35.00 for each return inspection. Holidays & weekends DO NOT COUNT as business days.

Payment must be made prior to inspection. Please make check or money order payable to the appropriate Bureau of Fire Prevention as listed above and contact that agency for an inspection appointment. Cash is not accepted for Fire District #2 inspections.

Method of Payment: Check: _____ Date: _____ Amount: _____

Date Inspected:

Time:

Inspector#

SMOKE DETECTOR INSPECTION

<u>FLOOR</u>	<u>TYPE OF DETECTOR</u>		<u>LOCATION OF DETECTOR</u>				<u>OPERABLE</u>	
Basement	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
First	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
Second	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
Third	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
Fourth	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		

CARBON MONOXIDE INSPECTION

<u>FLOOR</u>	<u>TYPE OF DETECTOR</u>		<u>LOCATION OF DETECTOR</u>				<u>OPERABLE</u>	
Basement	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
First	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
Second	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
Third	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		
Fourth	BAT. <input type="checkbox"/>	AC <input type="checkbox"/>	FAM/LIV <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	DINING <input type="checkbox"/>	OTHER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	INTERCONNECTED <input type="checkbox"/>		KITCHEN <input type="checkbox"/>	LAUNDRY <input type="checkbox"/>	FOYER <input type="checkbox"/>	HALL <input type="checkbox"/>		

FIRE EXTINGUISHER INSPECTION

PASS FAIL _____

OCCUPIED APARTMENT, MULTI FAMILY, TOWNHOUSE, CONDO INSPECTION LIST

	Pass	Fail	N/A
1. Hot Water Heater Flue and Venting-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Furnace Flue/ Combustion Make Up Air-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Electrical Panel/Circuits Breakers-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fireplaces and/ or Chimneys-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wall Penetrations-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Building, Apt. Numbering / Lettering Posted-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Basement/Bedrooms Egress-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Means of Egress ie: Windows, Balcony, Entrance Doors-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Double Key Deadbolts, Stairwell Protection, Fire Doors-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Interior Finishes-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Extension Cords-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper Storage -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>