

Thomas Quirico
Mayor
Barbara Maldonado
Borough Clerk



Mauro Raguseo, Council President
Roberta Henriquez, Councilwoman
George Muller, Councilman
Patricia Navarro, Councilwoman
Thomas Sarlo, Councilman
Sue Schuck, Councilwoman

Borough of Little Ferry

215-217 LIBERTY STREET • LITTLE FERRY, N. J. 07643
(201) 641-9234 (201) 641-1957 FAX
www.littleferrynj.org

NOTICE

INSTRUCTIONS FOR CERTIFICATE OF SMOKE DETECTION AND CARBON MONOXIDE ALARMS IN ONE AND TWO-FAMILY DWELLINGS.

The applications are to be filled out and paid by the current owner or the agent in charge.

Please make sure that you DO NOT HAVE ANY OPEN PERMITS. Also please put the closing date, as this is important in setting up your appointment. Fill in your phone number so I may contact you.

The Certificate shall be issued within ten (10) days of the receipt of the application.

Return the application forms along with a check made payable to the Borough of Little Ferry.

The following is our fee schedule:

Condos	-----\$40.00	
One Family	-----\$40.00	RA-Rentals Only-----\$30.00
Two Families	-----\$55.00	RB-Rentals Only-----\$30.00
Three Families	-----\$70.00	
Four Families	-----\$90.00	
Apartments(RM) Zone:	-----\$30.00	
Per Business	-----\$100.00	

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DEPARTMENT OF COMMUNITY AFFAIRS
Division of Fire Safety
Bureau of Fire Code Enforcement/Inspection Section
101 S. Broad Street PO Box 809
Trenton, New Jersey 08625-0809
(609) 633 6132

APPLICATION FOR ONE & TWO FAMILY DWELLING CERTIFICATION OF SMOKE DETECTOR COMPLIANCE

Dwelling Location: (not mailing address) Block _____ Lot _____
Street _____
Municipality _____ County _____

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

- On each level of the dwelling, including basements, excluding attic or crawl space; and
- Outside each separate sleeping area; and (within 10 feet of bedrooms)
- All smoke detectors are in working order.

This is a _____ story dwelling with without a basement.

This is a _____ one family dwelling, _____ two family _____ multi dwelling.

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 NFIPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. Note: AC powered and/or interconnected smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. See diagram on next page of this application for further information regarding installation.

Please mail certificate to: _____ Phone # _____

Fax # _____
Zip _____

Contact Person: _____ Phone # _____ Closing 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 _____, 2_____.

Notary Signature

Applicant Signature

Printed Name

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Note: A check/money order or cash in the amount of (follow fee schedule) made payable to the Borough of Little Ferry must accompany this application. Please allow ten (10) days for processing and delivery. A CSDC shall not be transferable. If the change of occupancy specified in the application for a CSDC does not occur within six months, a new application shall be required.

SMOKE DETECTOR APPLICATION FEES ARE NON-REFUNDABLE

_____ **FOR OFFICE USE ONLY** _____

TEAM # _____

Municipal Code: _____ Log Number _____ Check Number _____