

GLOUCESTER TOWNSHIP FIRE DISTRICT 6

BUREAU OF FIRE PREVENTION

1946 Williamstown Road

Erial, N.J. 08081

856-435-0700 / FAX 856-435-4274

Inspections@GTFD6.com



SMOKE DETECTOR, CARBON MONOXIDE DETECTOR AND FIRE EXTINGUISHER CERTIFICATION APPLICATION

Owner Information: Owner Name: _____ Property Address: _____ Phone: _____ E-Mail: _____ Block: _____ Lot: _____ Property Status: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant	Realtor Information: Realtor Name: _____ Realtor Address: _____ Realtor: _____ Phone: _____ E-Mail: _____ Settlement Date: _____
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Inspection Checklist

- Numbers are numerical characters, contrasting color from the house, at least 4" high, permanently affixed to the house & visible from the street. *Light post or mailbox numbers are NOT acceptable.*

Smoke Alarms

- Smoke alarm located on **every level** of dwelling. **Smoke alarms must be less than 10 years old and OPERATIONAL.**
- Basement level alarm is located at bottom of stairwell, at ceiling level (not between joists).
- Bedroom hallway alarms **MUST** be within 10 feet of **ALL** bedroom doors.
- *Electric smoke alarms (hardwired) **CANNOT** be replaced with battery operated alarms.
- Do **NOT** install smoke alarms in kitchens, bathrooms, near forced air ducts or furnaces, in the "dead air" space where the ceiling meets the wall, close to ceiling fans, in crawl spaces or attics.

Carbon Monoxide Alarms

- Located in the hallway, within 10 feet of **ALL** bedroom doors.
- Installed per manufacturer's instructions.
- Carbon monoxide alarm(s) are less than 7 years old and are operational.
- Do **NOT** place alarms in electrical outlets that can be turned off by a switch or that are located against floor molding. Plug-in, battery powered and hardwired CO alarms are acceptable.

Fire Extinguisher

- **NOT REQUIRED**

Fees

Inspections requested 10 or more days prior to settlement. **\$35.00**
Inspections requested 4-9 days prior to settlement. **\$70.00**
Inspections requested less than 4 days prior to settlement. **\$125.00**

Please include cash/check made payable to: **GTFD6**

OFFICE USE ONLY

Date Received: _____

Payment Method: _____

Receipt #: _____

Recorded by: _____

Scheduled for: _____

Time: _____