

Application #: _____

Application for Certificate of Smoke Detector, Carbon Monoxide Alarm, & Fire Extinguisher Compliance (Fire Safety Inspection)

FEE: **\$35.00:** for seasonal rental inspection applications received on or before May 31st, all long-term rental inspection applications, and any third and subsequent reinspection of any property failing for any reason
\$70.00: for seasonal rental inspection applications received after May 31st

APPLY:

IN PERSON: application, landlord registration form, proof of liability insurance, and payment accepted in the Clerk’s office, in Borough Hall, 300 Engleside Ave., Beach Haven, pay with cash, check, or credit card (surcharge applied)

VIA EMAIL: email application, landlord registration form, and proof of liability insurance to fireinspection@beachhaven-nj.gov and call 609-492-0111 x210 or x215 to pay with credit card (surcharge applied)

BY MAIL: mail application, landlord registration form, proof of liability insurance, and a check (made out to the Borough of Beach Haven) to 300 Engleside Ave, Beach Haven, attention Clerk’s office

***Owners with more than one rental unit*:**

Submit a separate application and payment for each unit, **EVEN IF ON THE SAME BLOCK AND LOT**

Applicant Name (Print): _____

Rental Address: _____

Email Address: _____ **Phone#:** () _____

Alternate Contact (if needed): _____ **Phone#:** () _____

Applicant Signature: _____

Renter Information (long-term rentals only):

Name: _____ **Email Address:** _____

**** Applicants will be emailed a link to a scheduling website to set up their own appointment. ****

*******Inspector’s Use Only*******

Amount Rec’d: \$ _____ **Form of Payment:** _____ **Date Rec’d:** ____/____/____

The above referenced property has _____ smoke detectors (all must be checked), on each level of dwelling, including basements but excluding non-habitable attics and crawl spaces. There are smoke detectors in the immediate vicinity (10 feet) of all sleeping areas. All smoke detectors were found in working order.

This dwelling is required to have carbon monoxide detector(s). **Yes**____ **No**____ There are _____ carbon monoxide detector(s) in the immediate vicinity of the sleeping area(s) and all were found to be in proper working order.

A 2A:10BC fire extinguisher is to be installed within 10ft. of the kitchen area (see further instructions on the attached sheets), if applicable.

Date and Time of Scheduled Appointment: _____

Fail Date: _____ **Reason for Failing:** _____

Fail Date: _____ **Reason for Failing:** _____

Inspector signature: _____ **Pass Date:** ____/____/____

Certificate Given To: _____ **On:** ____/____/____

Notes: _____