

Inspection Date:

BUREAU OF FIRE PREVENTION WALL TOWNSHIP, N.J.

William G. Newberry, Fire Marshal

(732) 820-4854

www.wallfirebureau.com

Fee: _____ Check #: ____

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE, FIRE EXTINGUISHER COMPLIANCE

More than 5 Business Days Notice: \$75.00 (Re-Inspection: \$30.00) 5 Business Days or Less Notice: \$125.00 (Re-Inspection: \$40.00)

Check/Money Order Made Payable To <u>WALL TWP BUREAU OF FIRE PREVENTION</u> accepted day of inspection.

Please fill out following application in its entirety. Fax to (732)974-8055 or email to inspection@wallfirebureau.com

Once completed application is received by our office, one of our staff will reach out to you within 2 business days of receipt to schedule appointment date.

Applications and payments also accepted in person at our office, 1612 Route 71, Wall.

Name of Present Owner:	Phone:
Address of Present Owner:	
Name of Buyer or Tenant:	Phone:
Address of Property:	Block: Lot:
Please list name and telephone number of person to be	pe contacted for inspection purposes:
Name	Phone
Date of Transfer of Ownership or Tenancy:	Circle One: Sale / Rental
Applicant certifies that all statements and information made and pro of his knowledge, information Signature: The Certificate will be valid for up to 180 days following the day Closings/tenancies that do not take place within 180 days of inspection inspection.	n and belief. Date: ate of inspection.
 Change in the name of new owner/tenant must be made with name after 30 days will require a new application, fee and ins 	
 A Re-Inspection fee will be charged for all inspections that eith scheduled appointment. 	ner fail for non-compliance or for failure to keep a
 There will be a \$50 charge on all returned checks 	
ALL RENTAL PROPERTIES MUST ALSO REGISTER WITH THE W	
EMAIL COMPLETED APPLICATION TO: <u>insp</u> or FAX (732)974-80	

Inspection Time: ____