



**Bureau of Fire Prevention  
 Harrison Township Fire District #1  
 312 Ewan RD  
 Mullica Hill NJ 08062  
 Office: 856-478-0423  
 Email: [mark@htfd23.com](mailto:mark@htfd23.com)**

**Application: Certificate of Smoke Alarm, Carbon Monoxide Alarm  
 & Portable Fire Extinguisher Compliance**

**Dwelling Location:**

Block: \_\_\_\_\_ Street Address: \_\_\_\_\_

Lot: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Change of Occupancy Type:    Sale    Rental    Closing Date: \_\_\_\_\_

**Owner Information:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information:                      \_\_\_\_\_ Check here if same as owner**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FEE SCHEDULE:**

**Checks are to be made payable to “Bureau of Fire Prevention”**

- \$75.00-Requests received 11 or more days from closing/change of occupancy.
- \$125.00-Requests received between 10 and 5 days from closing/change of occupancy.
- \$180.00-Requests received 4 days or less from closing/change of occupancy.
- \$55.00 - Re-inspection for failed inspection

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Please sign above as the “applicant” if signifying a complete CSACMAPFEC application.

**N.J.A.C. 5:70-2.3 CSACMAPFEC** – Before any one- and two-family or attached single family structure is sold, leased, or otherwise made subject to a change of occupancy for residential purposes, the owner shall obtain a certificate or smoke alarm, carbon monoxide alarm, and portable fire extinguisher compliance CSACMAPFEC, evidencing compliance with N.J.A.C. 5:70-4.19, from [Bureau of Fire Prevention, Harrison Township Fire District#1].