



**TOWNSHIP OF LONG HILL APPLICATION FOR CERTIFICATION IN LIEU OF INSPECTION**  
**Smoke Alarms, Carbon Monoxide Alarms, Portable Fire Extinguisher, and Sump Pump Compliance**

ADDRESS OF PROPERTY: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

HOME SALE - Complete for all one and two-family residential HOME SALES with or without occupancy:

Current Owner/Seller: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address of Owner/Seller \_\_\_\_\_

Name of Buyer: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Please indicate: Single-Family Residence \_\_\_\_\_ 2-Family Residence \_\_\_\_\_ 3+ Residence \_\_\_\_\_

LEASE/RENTAL - Complete for all CHANGES IN OCCUPANCY/RENTAL TENANCY more than six months apart:

Landlord/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address of Landlord/Owner: \_\_\_\_\_

New Tenant: \_\_\_\_\_ Date of New Tenancy: \_\_\_\_\_

REALTOR, AGENT OR APPLICANT IF OTHER THAN OWNER:

Name and Title: \_\_\_\_\_

Agency and Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: CHECK ALL BOXES THAT APPLY...MUST BE COMPLETE FOR APPROVAL OF CERTIFICATION**

**GUIDANCE:** AN INSPECTION SHALL BE CONDUCTED BY THE OWNER OR AN AUTHORIZED REPRESENTATIVE OF THE OWNER. THE SMOKE ALARMS REQUIRED SHALL BE LOCATED IN ACCORDANCE WITH NFPA 74; THE CARBON MONOXIDE ALARMS SHALL BE INSTALLED PER NFPA 720. IN CASES WHEREIN THE BATTERY POWERED ALARMS ARE ACCEPTABLE, SMOKE ALARMS MUST BE OF THE 10-YEAR SEALED BATTERY TYPE. AC ELECTRIC POWERED AND/OR INTERCONNECTED ALARMS AND SMOKE DETECTORS INSTALLED IN HOMES CONSTRUCTED AFTER JANUARY, 1977 SHALL BE MAINTAINED IN WORKING ORDER. THE PORTABLE FIRE EXTINGUISHER SHALL BE INSTALLED PER P.L. 2005, c71 (N.J.S.A. 52:27D-198.1 ET SEQ). FOR ASSISTANCE CALL 908-647-8000 EXT. 307

- Compliant smoke alarms are on each level of the dwelling, including basements, excluding unoccupied attics or crawl spaces
- Compliant smoke and carbon monoxide alarms are outside each separate sleeping area and within ten feet of all bedrooms
- All smoke alarms and carbon monoxide alarms have been tested and are all in working order
- Portable fire extinguisher is the proper size and type and is properly mounted within ten feet of the kitchen
- No sump pumps exist at the location
- One or more sump pumps exist at the location
- No sump pumps are connected to the sanitary waste lines (COMPLIANT)
- One or more sump pumps are connected to the sanitary waste lines (NON-COMPLIANT)

MAIL CERTIFICATE TO: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ E-MAIL CERTIFICATE TO: \_\_\_\_\_

*ENDORSEMENT: 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 PENALTIES UNDER THE LAW*

APPLICANT (print name, sign, and date): \_\_\_\_\_

WITNESS (print name, sign, and date): \_\_\_\_\_

ONCE ISSUED, A CERTIFICATE IS NOT TRANSFERABLE AND THE FEE IS NOT REFUNDABLE. IF THE SALE OR CHANGE IN TENANCY DOES NOT OCCUR WITHIN SIX MONTHS FROM THE DATE OF ISSUE, A NEW APPLICATION SHALL BE REQUIRED.

*Please return the completed form with check/payment for \$100 to "Township of Long Hill" 915 Valley Rd. Gillette, NJ 07933*

.....\*FOR OFFICE USE ONLY\*

LOG NO. \_\_\_\_\_ CHECK/MONEY ORDER NO. \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ CASH \_\_\_\_\_

PMT. NO. \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

CERTIFICATE IS:  APPROVED  DENIED COMMENTS: \_\_\_\_\_

CERTIFICATE ISSUED BY (print name, title, signature & date): \_\_\_\_\_