Borough of Hopatcong

Bureau of Fire Prevention

Richard J. Bartlett, Fire Official
111 River Styx Road, Hopatcong, NJ 07843
Phone: (862) 707-7796

Application For Smoke Detector & Carbon Monoxide Alarm Compliance Inspection

Pursuant to N.J.A.C. 5:70-2.3(a), before any single- or two-family dwelling is sold, leased, or otherwise made subject to change in occupancy for residential purposes, the owner shall obtain a Certificate of Smoke Detector & Carbon Monoxide Alarm Compliance, evidencing compliance with NJAC 5:70-4.19 from the Borough of Hopatcong Bureau of Fire Safety. An inspection shall be conducted with the owner or an authorized agent (over the age of 18) of the owner present at the time of inspection. Any certificates issued are valid for 180 days and are non-transferable.

All certificates will be emailed.

Property Information

Block: _____ Lot: _____ Year Built: _____ ☐One Family ☐Two Family ☐Rental

Street Address: _____ Unit/Apt (if applicable): _____

Number of Stories: _____ Basement: ☐Yes ☐No

Inspection Required for: ☐Resale ☐Change of Occupancy Date of closing or change of occupancy: _____

Owner Information

Name: _____

Address (If Different): _____

Email: _____ Phone: _____

I hereby acknowledge that the information given is correct, and that I am the owner, or duly authorized to act on the owner's behalf and as such hereby agree to comply with the applicable requirements of the New Jersey Uniform Fire Code relating to Residential Smoke Detectors. I also certify that all smoke detectors are listed in accordance with ANSI/UL217; carbon monoxide alarms are listed in accordance with UL-2034. As required by N.J.A.C. 5:70-2.3, the above referenced one- or two-family dwelling unit will be inspected for compliance with N.J.A.C. 5:70-4.19.

Failure to comply before transfer of property title or change of occupancy WILL result in penalties.

Authorized Representative Information

Name: _____ Title (if not owner): _____

E-Mail: _____ Phone: _____

Signature of Applicant/Authorized Representative

Signature of applicant: _____ Date: _____

Payment

An application must be received prior to scheduling an inspection. A check or money order made payable to the ***Borough of Hopatcong*** will be collected on the day of inspection. ***Cash will not be accepted.*** Fees are calculated based on when an application is received and the closing date.

10 or more business days	5 – 9 business days	1 – 4 business days	Reinspection Fee
$100	$150	$200	$50

For Office Use Only

Date Received: _____ Date of Inspection: _____ Method of Payment: ☐Check _____ ☐Money Order

Email all completed applications to Rbartlett@hopatcong.org