

## **Smoke/Resale Certification Guidelines**

**Application Submissions:** Please fill out the application form legibly and completely before submitting. **IF FORM IS INCOMPLETE, NOT LEGIBLE, AND/OR IS MISSING INFORMATION, IT WILL NOT BE ACCEPTED.**

**Applications will be accepted by mail, in our office lobby drop box (black metal box on the wall with bright pink tape) at the following address: 212 4<sup>th</sup> St. Lakewood, NJ 08701, or by email. If you are submitting the application by email, please be advised the application must be scanned and sent as an attached file. Applications that are taken as a picture WILL NOT BE ACCEPTED.**

**\*Please Note: Payment needs to be made prior to scheduling inspection. The smoke inspection fee is \$65. Accepted forms of payment - \$65 cash, check or money order made payable to Lakewood Township in the amount of \$65 (attached to application form) and submitted in our office lobby drop box, or credit card over the phone for the \$65 fee if application is submitted by email. If a re-inspection is required, then there is a \$30 re-inspection fee. If the inspector does not have access to the residence on the day of the inspection, this is an automatic failure for the inspection and a \$30 re-inspection fee must be paid.**

**\*\*Please Note: If property owner is the Estate of name, and there is an Executor/Executrix/Administrator of the Estate, and/or if there is a Power of Attorney, please provide the necessary documents (ex: Letter from Surrogate's Office/Short Certificate stating person who is designated as Executor/Executrix/Administrator or if a POA is designated, then the POA documents) stating this along with the smoke application. Please scan these documents and send the form as an attached file if submitting the application by email and if submitting in office lobby drop box, then please attach copies of the documents to the application. If the documentation is not submitted along with the smoke application, then an inspection will not be scheduled until the documents are provided. **When filling out the application, please put owner as: The estate of name, and provide the Executor/Executrix/Administrator's name, address, and phone number on the application, so we have it on file for our records.****

**\*\*\*Please Note: If the property is owned as an LLC and/or Corporation, please write the owner's name (First and Last name) or person in charge of the LLC and/or Corporation as well. Ex: Rainbow LLC/John Smith. An Ownership of Applicant Form must be filled out with ALL persons who own and/or are in charge. Please provide the name, mailing address of person, and phone number.**

**You will be given an inspection date and will need to call Gene between 8AM and 9AM the morning of the inspection at 732-364-3760 x5622 to get a 2-hour time frame otherwise, the inspection will be a 9-3 arrival window.**

FEE \$65.00

**SMOKE DETECTOR AND CARBON MONOXIDE APPLICATION**

Lakewood Township Building Department- 212 4<sup>TH</sup> Street Lakewood, NJ 08701

**Applications are accepted Monday through Friday between the hours of 8:30AM to 4:00PM. Applications need to be filled out completely and printed legibly or it will not be accepted.**

**P.O. Box addresses are not accepted.**

Call (732) 364-3760 ext. 5603 or email [lbrody@lakewoodnj.gov](mailto:lbrody@lakewoodnj.gov) to schedule after application has been submitted.

Today's Date \_\_\_\_\_  
Inspection Date \_\_\_\_\_  
Re-Inspection Date \_\_\_\_\_

Certificate # \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

Address to be Inspected \_\_\_\_\_

**Present Owner** (First & Last) \_\_\_\_\_

Owner Address \_\_\_\_\_ Phone # \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

**Seller's Attorney** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

**Seller's Agent** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

**\*Contact Person** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

**for Inspection**

**Buyer's Name** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Buyer's Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

**Buyer's Attorney** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

**Buyer's Agent** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

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IF SMOKE DETECTORS ARE CONNECTED TO AN ALARM SYSTEM, SOMEONE FAMILIAR WITH THE ALARM SYSTEM MUST BE PRESENT.

**NOTE: IF A REINSPECTION IS REQUIRED, THERE WILL BE A \$30 FEE.**

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Initial Fee Paid \_\_\_\_\_ ( ) Cash ( ) Check ( ) M.O. ( ) C.C.

Re-inspection Fee Paid \_\_\_\_\_ ( ) Cash ( ) Check ( ) M.O. ( ) C.C.

PASSED: \_\_\_\_\_ DATE: \_\_\_\_\_

FAILED: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*FAILURE TO ALLOW ACCESS FOR INSPECTION WILL RESULT IN AN AUTOMATIC FAILURE\*\***



# Township of Lakewood

## DEPARTMENT OF INSPECTIONS

212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

*JEREMY KUIPERS*  
*Construction Official*

OFFICE HOURS  
8:00-4:30 Mon. – Fri.

### OWNERSHIP OF APPLICANT FOR RESALE CERTIFICATION

AS REQUIRED BY THE REVISED GENERAL ORDINANCE OF LAKEWOOD TOWNSHIP

(Chapter 15- Section 3.2)

Listed below are names, addresses, and phone numbers of all owners of 10% of more of the stock/interest\* in the undersigned applicant corporation partnership.

LLC/Corporation Name: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Please check the appropriate box:

Corporation of N.J. (  )

LLC of N.J. (  )

Other (  ) Explain: \_\_\_\_\_

\* Where corporation partnership own 10% of more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names, addresses, and phone numbers of the non-corporate stockholders individuals partners exceeding the 10% ownership have been listed.



# Township of Lakewood

## DEPARTMENT OF INSPECTIONS

212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

*JEREMY KUIPERS*  
*Construction Official*

### Rules for Smoke Detectors, Carbon Monoxide, & Fire Extinguisher Certification

1. Smoke Detectors must be located on each level, including the basement, and finished attics. Smoke Detectors must be located inside each bedroom if the dwelling was built after 1991. Smoke Detectors shall not be located in the stairway and shall be under 10 years old.
2. Smoke detectors must be installed with a ten-year sealed battery in accordance with ANSI/UL217 unless the smoke detectors are hard wired.
3. Hard wired Smoke Detectors must have a battery operated back up system.
4. Smoke Detectors must be mounted on the ceiling at least 4 inches from the wall with the top of the detector not less than 4 inches or more than 12 inches below the ceiling's highest point. They must also be 4 inches from any corner, and a minimum of 3 feet away from any air registers.
5. All Smoke Detectors and carbon monoxide alarms must be in working order.
6. If the residence was built with electric interconnected smoke alarms or detectors, they must remain that way, they cannot be replaced with battery operated detectors.
7. Carbon Monoxide Alarms must be mounted and located within 10 feet of all bedrooms and shall be under 5 years old. Combination Smoke Detectors/Carbon Monoxide shall be under 10 years old.
8. Any bedroom with an oil or gas appliance located inside a closet must also have a Carbon Monoxide alarm.
9. If the dwelling has an attached garage, then a Carbon Monoxide Alarm must be within 10 feet of the bedrooms.
10. Portable fire extinguisher is defined to mean "an operable portable device, carried and operated by hand containing an extinguisher agent that can be expelled under pressure for the purpose of suppressing or extinguishing fire" and which (1) rated for residential use consisting of a **2A:10BC** type; and (2) mounted within 10 feet of the kitchen area and must be visible from the kitchen, not in a pantry or laundry room, not expired or empty.
11. Fire extinguisher should be no higher than 5 feet from the floor and no bigger than 10lbs.
12. If the dwelling has a central station alarm (an alarm that activates a fire department response) there must be a person on sight to ensure a false alarm is not activated, and to ensure proper testing of the alarm system.

If you have any further questions, please contact us at the above number.

FOR INFORMATIONAL

PURPOSES ONLY

Jeremy Kuipers

Construction Official