

## North Hanover Township

Office of the Fire Marshal  
41 Schoolhouse Road  
Wrightstown, NJ 08562  
Robert Gancarz  
609-209-8345

### **READ ALL DIRECTIONS THOROUGHLY, FAILURE WILL RESULT IN A REINSPECTION AND ADDITIONAL FEE**

The State of New Jersey requires obtaining a Certificate of Smoke Detector, Carbon Monoxide Alarm and Fire Extinguisher Compliance prior to selling, renting or leasing any residential property. It is the responsibility of the **OWNER/SELLER** to get this certification.

### **ALL DETECTORS SHALL BE LESS THAN 10 YEARS OLD**

#### **SMOKE DETECTOR COMPLIANCE**

The type of smoke detectors required for a Certificate of Compliance are dependent upon the type of smoke detectors that required at the time the home was built. Working smoke alarms for all years are required to be on every level (including basement) and within 10 feet of the sleeping room doors.

**Prior to 1978** – A minimum of battery-operated smoke alarms on each level of the home.

NOTE: **Must be a 10-year seal battery detector, if not must be replaced with 10-year sealed battery or inspection will result in failure.** Alterations or additions to homes after 1978 **should** have upgraded alarms.

**1978-1983** – Electric hardwire alarms installed in homes on each level.

**1984-1990** – Interconnected electric smoke alarms with battery backups on each level are **required**.

**1991 to present** - Interconnected electric smoke alarms with battery backups on each level and in all bedrooms.

Interconnected detectors = One detector is activated, the rest of the detectors throughout home sound.

#### **Test all smoke detectors prior to inspection date.**

Replacing electric smoke detectors with battery operated smoke detectors **is prohibited**. Defective interconnected smoke detectors **must** be replaced with compatible detectors.

#### **CARBON MONOXIDE ALARM (CO) REQUIREMENTS**

A Carbon Monoxide Alarm is **required** in all 1 and 2 family dwellings that contain **any fuel-burning device/appliance** and/or have an attached garage. Carbon Monoxide Alarms must meet the following requirements:

May be electric operated or battery operated

Must be installed on each sleeping level

Must be Installed in hallways within immediate vicinity of bedrooms

Combination Smoke/Carbon Monoxide Alarms are permitted and must be installed to meet the requirements for Smoke Detectors.

#### **FIRE EXTINGUISHER NOT REQUIRED**

The State of New Jersey and North Hanover Township no longer require a Fire Extinguisher.

**IF ANY QUESTIONS CONTACT THE OFFICE OF THE FIRE MARSHAL PRIOR TO THE INSPECTION**

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**Application for Certificate of Smoke Detector, Carbon Monoxide and Fire Extinguisher Compliance**

**Property Information:**

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

**Occupied: YES NO**

Lockbox: YES NO Code: \_\_\_\_\_

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

Resale: \_\_\_\_\_ Rental: \_\_\_\_\_ Date of Closing: \_\_\_\_\_ Preferred Date: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Basement : **YES NO**

Year Constructed: \_\_\_\_\_

**Seller/Owner Information:**

Name(s): \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Realtor/Attorney/Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Circle One)

Email (for certificate): \_\_\_\_\_

**Buyer/Renter Information:**

Name(s): \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Realtor/Attorney/Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Circle One)

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

\_\_\_\_\_  
\_\_\_\_\_  
**Applicant Name**

**Date**

\_\_\_\_\_  
\_\_\_\_\_  
**Applicant Signature**

**Please make checks payable to North Hanover Township**

Requests received more than 10 business days prior to change of occupant: \$35.00. Requests received four to 10 business days prior to the change of occupant: \$70.00. Requests received fewer than four business days prior to the change of occupant: \$125.00

Smoke Detectors #: \_\_\_\_\_

CO Detectors #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Inspector: \_\_\_\_\_ Certificate

# \_\_\_\_\_ Date: \_\_\_\_\_

Certificate Given To: \_\_\_\_\_

Date: \_\_\_\_\_