



**CAMDEN FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
CAMDEN, NEW JERSEY**



Effective
03/01/21 to
12/31/2021

**Residential Resale Requirements for One & Two Family Dwellings
Certificate of Smoke Detector, Fire Extinguisher & Carbon Monoxide Alarm Compliance
CSACMAPEC 5:70-2.2(a)**

Requests must be submitted using the online form located at ci.camden.nj.us 3 to 4 weeks prior to the settlement date. Email questions to Blanca Aponte at Blancaa@ci.camden.nj.us, or call (856) 757-7514.

Inspection Fee/Payment

Check or Money Order payable to the “Uniform Fire Safety Act” is due at the time of inspection or mail-in Prior to inspection at 4N 3rd Street, Camden, NJ 08102. Cash payment **will not** be accepted/

Requests received eight (8) calendar days or more prior to the settlement date:	\$64.00
Requests received seven (7) calendar days or more to the settlement date:	\$115.00
Requests received three (3) calendar days or less prior to the settlement date:	\$162.00

Re-Inspection Fee: \$35.00

Sellers age 62 & over may deduct \$30.00 from the first inspection fee – **PROOF OF AGE REQUIRED**
Certificates are valid for 90 days

INSPECTION CHECKLIST

House Numbers

- Numbers are numerical characters, contrasting color from the house, at least 4” high, permanently affixed To the house & visible from the street. Light post or mailbox number are **NOT** accepted.

Smoke Alarms - UL Approval

- 10-year battery sealed smoke alarm located on every level of dwelling (5:70-4.19) or “hardwired as required
- Basement level **10-year battery sealed** alarm is located at bottom of stairwell, at ceiling level (not between joists)
- Basement hallway **10-year battery sealed** alarms **MUST** be within 10 feet of ALL bedroom doors
- Smoke alarm located in **every** bedroom on ceilings
- *Hardwired smoke alarms **CANNOT** be replaced with battery operated alarms
- Hardwire smoke alarms must be less than 10 years old and operational

Any house equipped with a low voltage fire alarm system (installed by an alarm company) must have that system tested and approved by an alarm contractor prior to the FMO inspection date. A copy of the alarm certification provided by the alarm contractor must be presented to the FMO inspector at the time of the inspection.

*Hardwired smoke alarms, required to be installed by the building code, cannot be replaced with battery operated smoke alarms (NJAC 5:70 Section 104.1)

Do **NOT** install smoke alarms in kitchens, bathrooms, near forced air ducts or furnaces, in the “dead air” space where the ceiling meets the wall, close to ceiling meets the wall, close to ceiling fans, in crawl spaces, or attics,

Carbon Monoxide Alarms - UL Approval

- *Located in the hallway, within 10 feet of ALL bedrooms
- * Installed as per the manufacturer’s instruction
- *Carbon Monoxide Alarm(s) must be less than 10 years old and operational

Do **NOT** place alarms in electrical outlets that can be turned off by a switch or that are located against floor molding – Plug-in, battery powered and hard wired CO alarms are acceptable.

Fire Extinguisher Installation 5:70-4.10 (e)

- Shall be within 10 feet of the kitchen and located in the path of egress
- Readily accessible and not obstructed from view
- MOUNTED** on bracket
- Minimum rating 2A-10B:C under 10 pounds/



**CAMDEN FIRE DEPARTMENT
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DATE: [Click here to enter a date.](#)

CONTROL #: [Click here to enter text.](#)

ADDRESS: [Click here to enter text.](#)
[Click here to enter text.](#)

**Certificate of Smoke Detector, Fire Extinguisher & Carbon Monoxide Alarm Compliance
CSACMAPEC 5:70-2.2(a)**

INSPECTION FAILED FOR THE FOLLOWING REASONS:

- | | | | | |
|-----------------------------|--------------------------|--|--------------------------|----------------|
| | | | | Heater/Water |
| BASEMENT | <input type="checkbox"/> | Ten Year Smoke Detector | <input type="checkbox"/> | REPAIR Vent |
| | | Missing or not operating | | |
| 1st Floor | <input type="checkbox"/> | Ten Year Smoke Detector missing or not operating | | |
| | <input type="checkbox"/> | Carbon Monoxide Detector missing or not operating | | |
| 2nd Floor | <input type="checkbox"/> | Bedrooms missing 10 Year Smoke Detector or not operating | | |
| | <input type="checkbox"/> | Front Bedroom | <input type="checkbox"/> | Middle Bedroom |
| | | | <input type="checkbox"/> | Rear Bedroom |
| | <input type="checkbox"/> | Carbon Monoxide - Missing or not operating | | |
| KITCHEN | <input type="checkbox"/> | Missing or wrong type Fire Extinguisher - Required Classification
(2A:10bc Not larger than 10 lbs. Mounted according to manufactures instructions;
Not more than 5 feet above floor; located within 10 feet of the kitchen.) | | |

OTHER: [Click here to enter text.](#)

[Click here to enter text.](#)

**AFTER ALL CORRECTIONS HAVE BEEN MADE
PLEASE CALL: (856) 757-7514 TO SCHEDULE RE-INSPECTION**

Inspector: [Click here to enter text.](#)



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RESIDENTIAL INSPECTION REQUEST FORM

To request an appointment for a Certificate of Smoke Alarm and Carbon Monoxide Detector Compliance inspection for the resale of a home, please complete and submit the form below.

DO NOT USE THIS FORM FOR CCO INSPECTIONS !

PROPERTY INFORMATION

Seller's Full Name * Click here to enter text. Seller's Age * Click here to enter text.
Street Address * Click here to enter text. Zip Code * Click here to enter text.
Phone Number * Click here to enter text. Email Address *Click here to enter text.

REALTOR INFORMATION

Real Estate Company *Click here to enter text. Real Estate Office Phone *Click here to enter text.
Realtor's Full Name *Click here to enter text. Cell Phone *Click here to enter text.
Email Address *Click here to enter text.
Appointment Contact *Click here to enter text.

Seller Buyer Real Estate Agent

Settlement Date * Click here to enter a date.

**Payment is due at the time of the inspection the form of a check or money order made
Payable to the Uniform Fire Safety Act or mailed in advance to:
Camden Fire Department, Office of the Fire Marshal
4 N 3rd Street
Camden, New Jersey 08102**

Office Use Only

Initial Inspection Fee:
 \$64.00 \$115.00 \$162.0
Re-Inspection Fee:
\$35.00

PASS DATE:Click here to enter a date. **FAILED DATE:** Click here to enter a date.

Paid in Full Pay at the time of inspection



**CAMDEN FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
CAMDEN, NEW JERSEY**



**CERTIFICATE OF
SMOKE DETECTOR, FIRE EXTINGUISHER
AND CARBON MONOXIDE ALARM
COMPLIANCE**

BLOCK: [Click here to enter text.](#)

LOT: [Click here to enter text.](#)

HEREBY ISSUED TO:

ADDRESS: [Click here to enter text.](#)

CAMDEN, NEW JERSEY

OWNER: [Click here to enter text.](#)

AGENT: [Click here to enter text.](#)

That the property herein listed has been inspected and meets all the requirements of the New Jersey State Law (P.L. 1983, c383) (C.52.:27D-192 et seq) in compliance with the "Uniform Fire Safety Act"

DATE: [Click here to enter a date.](#)

FIRE INSPECTOR: [Click here to enter text.](#)

**BRAULIO VILLEGAS
CHIEF FIRE MARSHAL**



CITY OF CAMDEN
FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE
4 North 3rd Street Camden, New Jersey 08102
PHONE (856)757-7510 FAX (856) 757-7243



Braulio Villegas
Chief Fire Marshal

REQUEST FOR TIME EXTENSION APPLICATION

State Registration #: Click here to enter text.

Local Registration #: Click here to enter text.

Original Inspection Date: Click here to enter a date.

Please Print or Type

Property Address: Click here to enter text., Click here to enter text., *Camden, NJ* Click here to enter text.

***PLEASE INCLUDE PHOTOCOPY OF VIOLATIONS PAGE & CIRCLE VIOLATION(S)
FOR TIME CONSIDERATION***

Work which has been accomplished: Click here to enter text.

Work that remains: Click here to enter text.

Reason why extension is necessary: Click here to enter text.

Date Work will be completed: Click here to enter text.

Pursuant to N.J.A.C. 5:70-2.10(d)2, an application for extension of time shall be deemed to be to be an admission that the Notice of Violation is factually and procedurally correct and that violations do or did exist.

Printed Name of Owner/Agent

Date: Click here to enter a date.

Signature of Owner or Agent

Official Use Only

Your request for an extension of time to abate violation(s) at the above location is:

Granted: *The new date by which compliance is ordered is* Click here to enter a date.

Denied: *The time limit originally imposed remains in effect.*

Failure to correct violations within the time limits set will result in the imposition of penalties and possible other enforcement proceedings.

Click here to enter a date.

New Compliance Date

Fire Official Signature



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4 North 3rd Street Camden, New Jersey 08102
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Braulio Villegas
Chief Fire Marshal

APPLICATION FOR FIRE SAFETY PERMIT

PLEASE TYPE OR PRINT ALL INFORMATION

Date of Application: Click here to enter a date.

Name of Applicant: Click here to enter text. (First, MI, Last)

Applicant's Address: Click here to enter text., **City/State:** Click here to enter text. **Zip Code:** Click here to enter text.

Applicant's Phone Number: Click here to enter text.

Emergency Number: Click here to enter text.

Name of Premises or Facility: Click here to enter text.

Address/Location work will be performed: Click here to enter text.

Length of time requested for permit: Click here to enter a date. Click here to enter a date.

Type of Permit: Type Type 2 Type 3 Type 4 Type 5

Fee: Click here to enter text.

The above name applicant hereby requests permission to conduct the following activity at the above indicated location.

Click here to enter text.

Click here to enter text.

Click here to enter text.

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

Click here to enter text.

(State quantities for each category to be stored, or used and the method store or used)

Click here to enter text.

I hereby acknowledge that I have read this application, that the information given is correct and that I am the owner, or duly authorized to act in the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by this Fire Official.

Applicant Signature: _____

Payment required upon application made payable to City of Camden. Payment must be made in check or money order.

Fire Department Member Receiving Application

Date of Received

Fire Official Signature

Occupancy ID: Click here to enter text.



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FIRE DEPARTMENT
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4 North 3rd Street Camden, New Jersey 08102
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Braulio Villegas
Chief Fire Marshal

FIRE INSPECTION REGISTRATION FORM

Office Use Only

Local Registration #: Click here to enter text. State Registration #: Click here to enter text. State: Click here to enter text.

Business Name: Click here to enter text.

Street Address: Click here to enter text. City/State: Click here to enter text. Zip Code: Click here to enter text.

Block/Lot: Click here to enter text. Do you.... Own Lease the property (Check one)

Building Owner's Name: Click here to enter text. Federal I.D. #: Click here to enter text.

Street Address: Click here to enter text. Phone #: Click here to enter text.
Click here to enter text.

Building Owner's Name: Click here to enter text. Federal I.D. #: Click here to enter text.

Street Address: Click here to enter text. Phone #: Click here to enter text.

Building Type: Individual Partnership Corporation Other

Manager/Agent Name: Click here to enter text.

Street Address: Click here to enter text. Click here to enter text.

Emergency Contact #1: Click here to enter text.

Emergency Contact #2: Click here to enter text.

Emergency Contact #3: Click here to enter text.

Alarm Suppression System Information:

Describe System: Click here to enter text. Monitor Company: Click here to enter text.

Phone #: Click here to enter text.

Description of Use/occupancy of this building/business: Click here to enter text.

Construction Information: Click here to enter text.

Building Height: Click here to enter text.

Truss Construction: FLOOR ROOF FLOOR/ROOF

Standpipe System: Click here to enter text. Sprinkler System: Click here to enter text.

Knox Box Location: Click here to enter text. Special Hazards: Click here to enter text.

I CERTIFIED ALL STATEMENTS ABOVE ARE TRUE

Signature: _____

Print Name: Click here to enter text.

Address: Click here to enter text.