



Township of  
**Buena Vista**  
New Jersey

**FIRE PREVENTION BUREAU**  
P.O. Box 605  
890 Harding Highway  
Buena Vista, NJ 08310  
buenavst-fireinspector@comcast.net

**CSDCMAC SMOKE DETECTOR, CARBON MONOXIDE AND FIRE EXTINGUISHER APPLICATION**

HOUSE ADDRESS \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE, ZIP CODE)

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT INFORMATION:**

HOME OWNERS NAME \_\_\_\_\_

HOME OWNER'S CURRENT ADDRESS \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) (STREET ADDRESS, CITY, STATE, ZIP CODE)

**OTHER INFORMATION:**

REAL ESTATE OR TITLE COMPANY \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(MAILING ADDRESS, CITY, STATE, ZIP CODE)

NAME OF PERSON WITH ACCESS TO HOUSE \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSPECTION REQUESTED:**

- INITIAL INSPECTION       REINSPECTION  
 SINGLE FAMILY DWELLING     TWO FAMILY DWELLING     RENTAL PROPERTY     (RENTALS NEED REGISTRATION ON FILE)

DATE OF SETTLEMENT \_\_\_\_\_ OR LEASE DATE \_\_\_\_\_

MORE THAN 10 BUSINESS DAYS \_\_\_\_\_ \$35.00  
4 TO 10 BUSINESS DAYS \_\_\_\_\_ \$75.00      WEEKENDS AND TOWNSHIP HOLIDAYS  
3 OR LESS BUSINESS DAYS \_\_\_\_\_ \$125.00      ARE NOT BUSINESS DAYS

**MAKE CHECKS PAYABLE TO BUENA VISTA TOWNSHIP**

**IMPORTANT INFORMATION:** I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT. ANY FALSE STATEMENTS WILL RESULT IN THE REVOCATION OF THE CERTIFICATE AND A PENALTY NOTICE ISSUED UP TO \$500.00 AS PER N.J.A.C.5:70-2.12. I UNDERSTAND THAT A SATISFACTORY CERTIFICATE OF SMOKE DETECTOR CARBON MONOXIDE AND PORTABLE FIRE EXTINGUISHER MUST BE COMPLETED BY THE BUENA VISTA FIRE PREVENTION BUREAU PRIOR TO THE CHANGE OF OCCUPANCY AS PER N.J.A.C. 5:70-2.3.  
**IF THE PROPERTY FAILS, A NEW APPLICATION MUST BE FILED AND RESCHEDULED.**

(SEE REVERSE SIDE FOR ALL REQUIREMENTS)

\_\_\_\_\_  
SIGNATURE OF APPLICANT      DATE

**PAYMENT INFORMATION: (OFFICIAL USE)**

DATE \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_  
CASH \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ OTHER \_\_\_\_\_

**CONTACT LOG FOR SCHEDULED APPOINTMENT:**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ RESULT \_\_\_\_\_ INITIALS \_\_\_\_\_

INSPECTION SCHEDULED:    DATE: \_\_\_\_\_    TIME: \_\_\_\_\_

**INSPECTOR INFORMATION: (OFFICIAL USE)**

DATE \_\_\_\_\_     PASS     FAILURE REASON \_\_\_\_\_

PRINT NAME OF INSPECTOR \_\_\_\_\_      SIGNATURE OF INSPECTOR \_\_\_\_\_

WHITE - INSPECTION COPY    YELLOW - FIRE PREVENTION COPY    PINK - APPLICATION COPY