

RESIDENTIAL INSPECTION REQUEST FORM
(Smoke Alarm, Carbon Monoxide Alarm, Fire Extinguisher Compliance)

Bureau of Fire Prevention, 1203 Paterson Plank Road, Municipal Government Center, Secaucus, NJ 07094

Date: _____

Property Location: _____

Homeowner's Name: _____ Phone #: _____

Address: _____

Sale Buyer's Name _____ Phone # _____

Rental Tenant's Name _____ Phone # _____

Building Use:

One Family Two Family Multi-Family Condo Townhouse

Tower # _____ Apt. # _____

**** IMPORTANT MESSAGE ****

IF YOU ARE HOOKED TO A CENTRAL MONITORING SYSTEM, YOU MUST SHOW PROOF THAT THE ALARM SYSTEM IS IN PROPER WORKING ORDER. (COPY OF PAPERWORK FROM COMPANY)

The fee for inspection is \$50.00 for a SINGLE FAMILY RESIDENCE; \$75.00 for a TWO FAMILY RESIDENCE; \$100.00 for Three or more Families.

If the date of inspection is within four (4) days or less the fee is \$200.00.

Should the inspection fail or if the inspector must return for any reason, there is a \$40.00 RE-INSPECTION FEE.

Please mail or bring this form and a or check money order made payable to "TOWN OF SECAUCUS" to the Bureau of Fire Prevention, Municipal Government Center, Second Floor, Secaucus, NJ 07094

I HAVE READ AND UNDERSTAND ALL THE REQUIREMENT FOR THE REQUESTED INSPECTION _____

PARTY REQUESTING THE INSPECTION: _____

Owner: Realtor: Agent: Contact Number: _____

PLEASE NOTE: You will be contacted within 48 hours of receipt of your request by this office to schedule an inspection appointment. All inspections will be between the hours of 9:30 AM and 2:30 PM. AN ADULT MUST BE AT THE RESIDENCE AT THE TIME OF THE INSPECTION – NO EXCEPTIONS.

CLOSING DATE: _____

OFFICE USE ONLY Date: _____

Amount Paid _____ Check # _____ SD# _____

Date of Inspection ___/___/___ Date of re-inspection ___/___/___ Check # _____