



City of North Wildwood

Fire Prevention & Inspection Bureau

901 Atlantic Avenue
North Wildwood, New Jersey 08260
Phone (609)522-2160 / Fax (609)846-9995

Daniel F Speigel, CPM, CFM
Fire Official

Application for a **Certificate of Smoke Alarm, Carbon Monoxide**
Alarm and Portable Fire Extinguisher Compliance (CSACMAPFEC)

Property Address: _____ Block# _____ Lot# _____
of units for sale: _____ Settlement Date: ____/____/____ Key Attached: _____ Access Code: _____
Seller/Agent: _____ Phone# _____ Fax# _____
Seller/Agent Email: _____

I, _____, certify that I am the owner or authorized agent of the above property and request that a CSACMAPFEC inspection be performed. I further certify that all fire related equipment shall be installed in accordance with the N.J. State Fire Code and inspected per the requirements listed on opposite side of this application.

Property Owner:
Name: _____ Email Address: _____
Address: _____ Phone#: _____
City/State/Zip: _____

New Buyer Information:
Name: _____ Email Address: _____
Address: _____ Phone#: _____
City/State/Zip: _____

Fee Schedule: **SEPARATE CHECKS (if applicable) ARE REQUIRED FOR FIRE & ZONING CERTIFICATES!**
We also accept credit cards which includes a 3.5% surcharge.

- \$25.00 Fire Code Status Report for registered properties ONLY (**pending violations/fees**)
Any property not registers and/or inspected annually will follow the fee schedule below
- \$45.00 per unit if application is received **more than 10 business days prior to settlement**
- \$90.00 per unit if application is receives **between 4 and 10 business days prior to settlement**
- \$161.00 per unit if application is received **less than 4 business days prior to settlement**
- **Re-inspection fees are equal to the cost of the initial application inspection fee**

Office Use Only:

Fee Enclosed: \$_____ CC ID# _____ Check#: _____ Cash: \$_____ (exact amount ONLY)
Pending Fees: \$_____ (see attached invoice) Date: ____/____/____

******* REQUIREMENTS PRIOR TO INSPECTION ON BACK *******

Please read prior to completing this application

Dear applicant,

Please read these instructions prior to filling out your application for the CSAMACPFEC. Fill out the application accurately and in its entirety. If the required fields are not completed the application will not be processed. Prior to submitting the application, please ensure the property has the following:

- **Smoke Alarms -**

- are required in each sleeping room/area
- are required outside (within 10') of each sleeping room/area
- are required on every level of the building (including attics)
- refer to the manufacturer's instructions for additional guidance for the placement of smoke detectors

Note: All smoke alarms must be installed and in working order at the time of inspection.

- Hardwired smoke alarms – must be replaced if older than 10 years after the date of manufacture (can be located on back of alarms)
- Battery smoke alarms – must be the 10 year sealed battery type smoke alarms



- **Carbon Monoxide Alarms** – are required (as listed below) in any building where there are fuel burning appliances (i.e. natural or LP Gas heat, cooking, oil heat, fire places, etc.) It is also required if there is an attached garage to the building.
 - are required outside (within 10') of each sleeping room/area
 - are required on every level of the building



- **Fire Extinguishers** – Must be a minimum size of 2A:10BC, be a new (current year) extinguisher or certified (properly tagged by a licensed fire protection agent) for each cooking area(s). It must be hung in a visible location or within a properly labeled cabinet.

**FIRE EXTINGUISHER
INSIDE**

Please DO NOT submit this application until all the above requirements have been met. Once it is received the fire inspector will conduct the inspection as soon as possible. If providing keys or a lock box code for the property please note on the application. If the property does not pass the initial inspection a re-inspection must be scheduled and a re-inspection fee will be charged. Please feel free to contact the office if you have any questions at 609-522-2160.

Thank you for your cooperation



City of North Wildwood

Zoning Office

901 Atlantic Avenue
North Wildwood, New Jersey 08260
Phone (609)522-2160 / Fax (609)846-996

Daniel F Speigel, CPM, CFM
Zoning Official

Application for Certificate of Zoning Use Compliance

(Please Print Clearly)

Property Address: _____ Block# _____ Lot# _____ Qualifier# _____
of units for sale: _____ Call for appt: _____ Key Attached: _____ Access Code: _____
Seller/Agent: _____ Phone# _____ Fax# _____
Seller/Agent Email: _____ Settlement Date: _____

Property Owner:

Name: _____ Email Address: _____
Address: _____ Phone: _____
City/State/Zip: _____

New Buyer Information:

Name: _____ Email Address: _____
Address: _____ Phone: _____
City/State/Zip: _____

What is the current use of the property/structure(s) for which a Certificate is requested?

Residential:

Single Family _____, Two-family _____, Multi-family (# of units) _____, Hotel/Motel _____, Condo _____

Business:

Describe: _____

Square footage of lot: _____ Square footage of Structure: _____ Existing parking spaces: _____

Fee Schedule: **SEPARATE CHECKS (if applicable) ARE REQUIRED FOR FIRE & ZONING CERTIFICATES!**
We also accept credit cards which includes a 3.5% surcharge.

- \$50.00 if requested more than 10 business days prior to date certificate is needed
- \$70.00 if requested 4-9 days prior to date certificate is needed
- \$125.00 if requested less than 4 days prior to date certificate is needed

I, _____, hereby certify that all the information that I provided on this application is correct to the best of my knowledge.

Signature of applicant: _____ Date: _____

Print name of applicant: _____

Office Use Only:

Fee Enclosed: \$ _____ CC ID# _____ Check#: _____ Cash: _____

(exact amount ONLY)

Pending Fees: \$ _____ (see attached invoice(s): _____

Zone: _____ Flood Zone: _____ % CE: _____ Lot Size: _____ x _____ Total: _____ Control# _____

April, 2022