



WEST CALDWELL FIRE PREVENTION BUREAU

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West Caldwell, NJ 07006
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**APPLICATION FOR ONE & TWO FAMILY DWELLING
CERTIFICATE OF SMOKE DETECTOR & CARBON MONOXIDE
ALARM COMPLIANCE**

Dwelling: Owner's Name _____

Street: _____

Town: West Caldwell, NJ

County: Essex County

Block: _____ Lot _____

Applicant: Name: _____

Daytime Phone Number _____

Detectors: Smoke Detectors on All Levels? Yes ____ No ____

Carbon Monoxide Detectors
In Corridor of Every Bedroom
Level? Yes ____ No ____

Signature of Applicant

Office Use Only

Date of Application _____ Certificate Number _____

Check No. _____ Cash _____