



# Office of Fire Prevention and Property Maintenance

Borough of Laurel Springs

723 West Atlantic Avenue

Laurel Springs, NJ 08021

Phone 856-784-0500

## FIRE SAFETY CERTIFICATE OF COMPLIANCE

*To be completed by applicant:*

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Is this property legally zoned as: Residential  Professional/Commercial  Multi-family dwelling

How many units? \_\_\_\_\_

### BUYER/SELLER INFORMATION

Seller's Name: \_\_\_\_\_ Seller's Phone: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_ Buyer's Phone: \_\_\_\_\_

Realtor Name: \_\_\_\_\_ Realtor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Settlement Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The fee for this inspection is \$ \_\_\_\_\_ –payable to the Borough of Laurel Springs.

Ten days notice is required for all inspections

For inspection requests within 4 to 9 days - \$ \_\_\_\_\_

For inspection requests within 3 to 1 days - \$ \_\_\_\_\_

**FEES ARE NON-REFUNDABLE**

Payment Method: \_\_\_\_\_ Number: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Recorded by: \_\_\_\_\_

*To be completed by Inspector:*

#### Smoke Detector

Passed

Failed

Date Passed: \_\_\_\_\_

#### CO Detector

Passed

Failed

Date Passed: \_\_\_\_\_

#### Fire Extinguisher

Passed

Failed

Date Passed: \_\_\_\_\_

Inspecting Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certifications of Compliance expire 45 days from the date of inspection**