BOROUGHS OF RUMSON & FAIR HAVEN

Division of Fire Safety & Fire Prevention
80 East River Road
Rumson, New Jersey 07760
732-842-3022 Office
732-842-0961 Fax

Email: Mhawley@rumsonnj.gov
Mhawley@fhboro.net

SELF CERTIFICATION OF FIRE PREVENTION COMPLIANCE TO FACILITATE TRANSFER OF OWNERSHIP AND/OR COMMENCEMENT OF RENTAL AGREEMENT

CERTIFICATE OF SMOKE DETECTOR AND CARBON MONOXIDE COMPLIANCE

Dwelling Location: Block:_____ Lot:_____ Street Address:_____

Municipality: ☐ RUMSON or ☐ FAIR HAVEN, This is a____story dwelling ☐with or ☐without a basement

****CHECK ALL APPROPRIATE BOXES IN ORDER FOR THE CERTIFICATE TO BE VALID****

☐ Smoke alarm on each level of the dwelling, including basements, excluding attic or crawlspace

☐ Smoke alarm in each bedroom ☐ Smoke alarm have 10-year sealed batteries

☐ Smoke alarm and carbon monoxide alarm outside each separate sleeping area, within 10 feet of bedrooms

☐ All smoke alarms are working ☐ All carbon monoxide alarms are working

☐ If a central station monitored fire alarm system is present, you **MUST** have the alarm system certified as operational by a licensed NJ Fire Prevention Contractor

☐ Copy of paperwork certifying alarm system as operational **MUST BE** emailed to **Mhawley@rumsonnj.gov**

☐ Label installed within 18 inches of the main electrical panel and electrical meter warning of the dangers associated with secondary power sources. Secondary power sources include: Permanently installed combustion generators, Solar panels, Battery storage systems, or any other supplemental source of electrical energy to the primary power supply. **Label may not be hand written**

☐ Label must be marked with wording similar to "CAUTION: MULTIPLE SOURCES OF POWER."

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I will be subject to penalty.

HOMEOWNER SIGNATURE(S): PRINT NAME(S):

_____ _____

_____ _____

NOTARY SIGNATURE: PRINT NAME:

_____ _____