



CRANFORD FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION & RISK MANAGEMENT
7 SPRINGFIELD AVE, CRANFORD, NJ 07016
PHONE: (908)709-7360
FAX: (908) 276-6183
WWW.CRANFORDNJ.ORG

CERTIFICATION IN LIEU OF AFFIDAVIT

Smoke Alarms

Submitted to the Fire Official
Township of Cranford, New Jersey

I, _____,
(Print Name)

pursuant to N.J.A.C. 5:10-1.11 of the Regulations for the Maintenance of Hotels and Multiple Dwellings, am the owner or manager acting as the agent of the Multiple Dwelling or Hotel located at:

(Property Address with Facility Name (If Applicable))

I Hereby certify, under penalty of law, that;

- (1) Every dwelling unit within the property or premises is protected by a Ten-year sealed-battery-powered single station smoke alarm in accordance with N.J.A.C. 5:70-4.9(a)3v; OR an AC powered single or multiple-station smoke alarms installed in accordance with the Uniform Construction Code.

And

- (2) All ten-year battery or AC powered smoke alarms in dwelling units have been inspected and maintained within the previous 12 months and are operational and in full working order in accordance with N.J.A.C. 5:70-3, the State Fire Prevention Code, Section 907.11.2

I further certify that the inspections of the dwelling unit smoke alarm have occurred on or about

_____ (date of inspection(s)).

I certify that the foregoing statement made by me are true. I am aware that in any of the foregoing statement made by me are willfully false, I may be subject to penalty pursuant to N.J.S.A. 52:27d-210 of the New Jersey Uniform Fire Safety Act.

Dated: _____

AFFIX COMPANY SEAL OR
NOTARY SEAL

Signature of Certifier

Witness Signature



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CERTIFICATION IN LIEU OF AFFIDAVIT
Carbon Monoxide Alarms

Submitted to the Fire Official
Township of Cranford, New Jersey

I, _____,
(Print Name)

pursuant to N.J.A.C. 5:10-1.11 of the Regulations for the Maintenance of Hotels and Multiple Dwellings, am the owner or manager acting as the agent of the Multiple Dwelling or Hotel located at:

(Property Address with Facility Name (If Applicable))

I Hereby certify, under penalty of law, that;

- (1) Every dwelling unit within the property or premises is protected by a Carbon Monoxide Alarm installed in the immediate vicinity of sleeping areas in accordance with N.J.A.C. 5-70:4.9(d)2.

And

- (2) All carbon monoxide alarms in dwelling units have been inspected and maintained within the previous 12 months and are operational and in full working order in accordance with N.J.A.C. 5:70-3, the State Fire Prevention Code, Section 915.6

I further certify that the inspections of the dwelling unit carbon monoxide alarm(s) have occurred on or about _____ (date of inspection(s)).

I certify that the foregoing statement made by me are true. I am aware that in any of the foregoing statement made by me are willfully false, I may be subject to penalty pursuant to N.J.S.A. 52:27d-210 of the New Jersey Uniform Fire Safety Act.

Dated: _____

AFFIX COMPANY SEAL OR
NOTARY SEAL

Signature of Certifier

Witness Signature



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CERTIFICATION IN LIEU OF AFFIDAVIT
Self-Closing Doors

Submitted to the Fire Official
Township of Cranford, New Jersey

I, _____,
(Print Name)

pursuant to N.J.A.C. 5:10-1.1 of the Regulations for the Maintenance of Hotels and Multiple Dwellings, am the owner or manager acting as the agent of the Multiple Dwelling or Hotel located at:

(Property Address with Facility Name (If Applicable))

I Hereby certify, under penalty of law, that;

- (1) All dwelling unit corridor doors throughout the premises are solid-core self-closing, self-latching and maintained in a fully operational status in accordance with N.J.A.C. 5-70:4.11(1)3.

I further certify that functional inspections of the dwelling unit corridor doors have occurred on or about _____ (date of inspection(s)).

I certify that the foregoing statement made by me are true. I am aware that in any of the foregoing statement made by me are willfully false, I may be subject to penalty pursuant to N.J.S.A. 52:27d-210 of the New Jersey Uniform Fire Safety Act.

Dated: _____

AFFIX COMPANY SEAL OR
NOTARY SEAL

Signature of Certifier

Witness Signature