

**MULTIPLE FAMILY RESIDENTIAL
INSPECTION REQUEST FORM**

Bureau of Fire Prevention, 1203 Paterson Plank Road, Municipal Government Center, Secaucus, NJ 07094

Date: _____

Property Location: _____

Homeowner's Name: _____ Phone #: _____

Address: _____

Rental ____ Unit Number _____ Phone # _____

INSPECTION REQUESTED:

The fee for inspection is \$100.00. If the date of inspection is within four (4) days or less the fee is \$300.00.

Should the inspection fail or if the inspector must return for any reason, there is a \$50.00 RE-INSPECTION FEE.

Smoke Alarm, Carbon Monoxide Alarm, Fire Extinguisher Compliance: _____

Certificate of Habitability: _____

**** IMPORTANT MESSAGE ****

IF YOU ARE CONNECTED TO A CENTRAL MONITORING SYSTEM, YOU MUST SHOW PROOF THAT THE ALARM SYSTEM IS IN PROPER WORKING ORDER. (COPY OF PAPERWORK FROM COMPANY)

Please mail or bring this form and a check or money order made payable to "TOWN OF SECAUCUS" to the Bureau of Fire Prevention, Municipal Government Center, Second Floor, Secaucus, NJ 07094.

I HAVE READ AND UNDERSTAND ALL THE REQUIREMENTS FOR THE REQUESTED INSPECTION _____

PARTY REQUESTING THE INSPECTION: _____

Owner: ____ Realtor: ____ Agent: ____ Contact Number: _____

PLEASE NOTE: Every effort will be made to contact you within 48 hours of receipt of your request by this office to schedule an inspection appointment. All inspections will be between the hours of 9:30 AM and 2:30 PM. AN ADULT MUST BE AT THE RESIDENCE AT THE TIME OF THE INSPECTION – NO EXCEPTIONS.

CLOSING DATE: _____

OFFICE USE ONLY Date: _____

Amount Paid _____ Check # _____ SD# _____

Date of Inspection ____/____/____ Date of re-inspection ____/____/____ Check # _____