

Borough of Wildwood Crest
Fire Prevention & Inspection Bureau

6101 Pacific Avenue
Wildwood Crest, New Jersey 08260
Office - 609-729-5152 Fax - 609-729-7089
Application for a Certificate of Smoke Alarm, Carbon Monoxide
Alarm and Portable Fire Extinguisher Compliance (**CSACMAPFEC**)

Property Address: _____ Block# _____ Lot# _____
Property type: Condo _____ (unit#) _____ Single _____ Duplex _____ (Multi _____ Hotel/Motel _____ Retail/Rest _____)
Settlement Date: ____/____/____ Entry Info: Key _____ Access Code: _____ Appoint _____
Seller/Agent: _____ Phone# _____ Email _____
Seller/Agent Address _____ City/State/Zip _____
Mail Certificate _____ Pick-up _____
Settlement Agency _____ Phone _____ Email _____

I, _____, certify that I am the owner or authorized agent the above property and request that a CSACMAPFEC inspection be performed. I further certify that all fire related equipment shall be installed in accordance with the N.J. State Fire Code and inspected per the requirements listed on opposite side of this application.

Seller Information:

Name: _____
Address: _____ Email _____
City/State/Zip: _____ Phone _____

Buyer Information:

Name: _____ Email Address: _____
Address: _____ Phone _____
City/State/Zip: _____

Fee Schedule: (made payable to Fire Prevention Bureau)

- \$50.00 Fire Code Status Report (**search for Existing Violations, Fees and Penalties**)
- \$50.00 application is received **more than 10 business days prior to settlement**
- \$90.00 application is received **between 4 and 10 business days prior to settlement**
- \$160.00 application is received **less than 4 business days prior to settlement**
- \$25.00 **Certificate Copy** (Can be reissued and used for a property transfer (resale) if the last Inspection was conducted within 6 months of the settlement date.)
- \$50.00 **Re-inspection fee**
- **FAILURE to apply for CSACMAPFEC and have the inspection prior to closing will result in a one thousand dollar (\$1000.00) penalty to be assessed to the property owner.**

Office Use Only:

Fee Enclosed: \$ _____ Check#: _____ Cash: \$ _____
Pending Fees: \$ _____ (see attached invoice) Date: ____ / ____ / ____