

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: ____/____/____