



City of Margate City
Department of Building Inspection

REF#: _____

9001 Winchester Avenue
Margate City, New Jersey 08402
(609) 822-1974
Fax: (609) 822-2248
Email: margate_inspection@margate-nj.com

APPLICATION FOR CERTIFICATION OF SMOKE ALARMS, CARBON MONOXIDE ALARM AND FIRE EXTINGUISHER COMPLIANCE FOR MULTIPLE RENTALS OF THE SAME PROPERTY BETWEEN THE DATES OF MAY 1 TO SEPTEMBER 30

NOTE: This affidavit may only be used for seasonal, monthly, biweekly, and weekly rentals between the dates of May 1 to September 30, and only after a rental license has been issued for the property. In order to obtain a rental license for the seasonal rental period, the property must be inspected and approved by the City of Margate Building Department.

Date: _____ Block: _____ Lot: _____ Unit #: _____

Address of Rental Property: _____

OWNER: Name: _____

Address: _____ City/State/Zip: _____

Phone#: _____ Email: _____

Contact Person: _____ Phone: _____

By making this application for a CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE and FIRE EXTINGUISHER COMPLIANCE (CSDCMAPFEC) for the above residential property in Margate City, I understand that this inspection shall be conducted by the owner or authorized representative of the owner. The smoke detectors must be installed in accordance with and meet the requirements of National Fire Protection Association Standard (NFPA) 74. Ten-year sealed lithium battery-powered single station smoke alarms shall be installed in accordance with ANSI/UL 217 where no A/C powered smoke alarms exist. Carbon Monoxide alarms may be battery operated, hard wired or plug in type and shall be listed and labeled in accordance with UL-2034 and installed per N.J. A.C. 5:70-4.19 and NFPA 720.

THE SECTION BELOW IS REQUIRED FOR SELF INSPECTIONS / AFFIDAVITS ONLY:

- All smoke detectors are in working order and installed on each level of the premises, in every bedroom, and outside of each separate sleeping area.
Carbon Monoxide Alarms are in working order and installed on each level of the premises and in the immediate vicinity/outside of all sleeping areas.
A portable fire extinguisher with a minimum rating of 2A-10B:C and no more than 10 pounds is mounted within (10) ten feet of the kitchen area.

I hereby certify that the information contained herein is correct and that the dwelling at the above address meets all of the certificate requirements for smoke detector, carbon monoxide, and fire extinguisher compliance. I HAVE READ THIS APPLICATION AND UNDERSTAND THE REQUIREMENTS LISTED.

Owner/Agent (Printed)

Self-Inspection Affidavit Applicant Signature

I would like the Certificate to be:

- Picked Up
Mailed- Address: _____ City/State/Zip: _____
Faxed- Number: _____ E-mail: _____

NOTE: A COPY OF EACH LEASE AND A COMPLETED "TENANT FORM" MUST BE ATTACHED AND SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO ANY CHANGE IN OCCUPANCY.



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TENANT FORM

NOTE: This form is required for any change, additional, or new tenants occupying a property for seasonal, monthly, biweekly, and weekly rentals between the dates of May 1 to September 30.

Date: _____ Block: _____ Lot: _____ Unit #: _____

Address of Rental Property: _____

Duration of Lease: _____ Move-in Date: _____ Move-out Date: _____

OWNER: Name: _____

Address: _____ City/State/Zip: _____

Phone#: _____ Email: _____

AGENT: Name: _____

Real Estate Office: _____

Phone#: _____ Email: _____

INDIVIDUALS AUTHORIZED TO OCCUPY THE UNIT – LIST AND IDENTIFY EACH ADULT AND EACH CHILD UNDER 18:

Table with 4 columns: Tenant Name(S), Adult / Child, Tenant Name(S), Adult / Child. Rows 1-10.

I understand that each apartment or dwelling for which a permit is issued under city ordinance shall comply with all federal, state and local requirements pertaining to housing codes and further that said dwelling or apartment shall be kept in a safe, sanitary condition, shall have proper and adequate light and ventilation, and shall be subject to all part of the Ordinance.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief, and fully understand that such declarations will be considered as if made under oath, and as to a false declaration shall be subject to penalties as provided by law for perjury.

Owner/Agent (Printed)

Owner/Agent (Signature)

This Space is For Official Use Only:

Date Registered: _____ City Official: _____

Upon execution of lease agreement, this form must be submitted to:

- 1. The Margate City Building Department
2. The Margate City Police Department – Fax: 609-823-8602