

LOCK BOX# _____
LOCATION _____

INSPECTION _____
RE-INSPECTION _____

BOROUGH OF CLAYTON
125 N Delsea Drive Clayton, NJ 08312
856-881-2882 ext:118

**APPLICATION FOR SMOKE ALARM, CARBON MONOXIDE ALARM & SECONDARY POWER SOURCE
IDENTIFICATION LABEL COMPLIANCE (CSACMASPICL)**

BLOCK _____ LOT# _____ CLOSING DATE: _____

OWNERS NAME _____

PROPERTY ADDRESS _____

EMAIL _____ PHONE# _____

Payment Schedule FEE: \$125.00/Inspection/Re-Inspection Date Paid: _____

Days of Inspections will be Tuesday & Thursday (between 11:30am to 2:30pm)

Days are calculated from date of request received to date of closing

End of business day is 4:00pm, if applications is received after, then calculation will start the next business day. ***A CSAMASPSIL shall not be transferable, if the application for a CSAMASPSIL does not occur within six (6) months, a new application will be required.** Failure to complete all requested information may delay the inspection.
Fee must be paid at time of application

OFFICE USE ONLY

PASS FAIL Date _____ Comments _____

PASS FAIL Date _____ Comments _____
