# Rockaway Township
# Fire Department

65 Mt Hope Rd
Rockaway, NJ 07866

## *Fire Prevention Bureau*

Residential Smoke Alarm, Carbon Monoxide Alarm, &
Secondary Power Source Labeling Compliance Requirements
(N.J.A.C 5:70-4.19)

Smoke Alarms

- Based on the age of the home, or date of rehabilitation project, the requirements for detectors vary.
- TEN (10) year sealed battery (lithium ion) powered single station smoke alarms are permitted in homes built prior to 1977.
- Locations shall include each level of the premises, including the basement, and outside each separate sleeping area.
- Devices should be mounted on the ceiling, but if the alarm has to be mounted on the wall, it shall be between 4 and 12 inches from the ceiling and 4 inches from the corners.
- If the home has a hardwired interconnected system all devices shall be less than TEN (10) years old. These systems shall not be replaced with battery-powered alarms.
- A low voltage fire alarm system needs to be tested and certified that the system is operational. Knowledge of the system is required by the home owner or representative regarding the procedures to silence and reset the alarm, if necessary.

Carbon Monoxide Alarms

- Required in all homes containing fuel-burning appliances and / or attached garages. A fuel burning appliance means a device that burns fossil fuels or carbon-based fuel where carbon monoxide is a combustion by-product. Examples include stoves, ovens, grills, clothes dryers, furnaces, boilers, water heaters, heaters and fireplaces.
- Shall be located outside each separate sleeping area in the immediate vicinity of the bedroom.
- Shall be listed & labeled in accordance with UL-2034.

Secondary Power Source (SPS) Identification & Labeling

- Applies to one- or two-family and attached single family dwellings only.
- A structure intended for use as a residential purpose shall have a label installed within 18 inches of the main electrical panel & electrical meter warning of the dangers associated with secondary power sources. SPS includes Solar Panels, Energy Storage Systems, and Permanently Installed Generator or any other supplemental source of electrical energy to the primary power supply.
- Label to be marked with wording similar to **"CAUTION: MULTIPLE SOURCES OF POWER"**
- Label shall not be handwritten.
- An ANSI Z535.4 compliant sign will satisfy these requirements (www.safetysign.com) or comparable.

ALL FIRE SAFETY EQUIPMENT IS TO BE INSTALLED AND MAINTAINED CONSISTENT WITH MANUFACTURER SPECIFICATIONS

***The application for inspection is found on the second page of this document.***

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## *Fire Prevention Bureau*

Dear Rockaway Township Homeowner:

As a matter of New Jersey Administrative Code 5:70-2.3, Before any one- and two- family or attached single family home is sold, leased, or otherwise made subject to a change of occupancy for residential purposes, the owner shall obtain a certificate evidencing compliance with N.J.A.C. 5:70-4.19.

TAKE NOTICE, the owner, or authorized agent of the owner, of real estate shall apply for a CSACMASPSLC. The application shall be accompanied by the appropriate fee, as set forth in N.J.A.C. 5:70-2.9(d) and Township of Rockaway Code Section 13-2.4. This certificate is not transferrable and is valid for six months. If the change of occupancy specified in the application does not occur within 6 months, a new application shall be required.

The application fee for a certificate of smoke alarm and carbon monoxide alarm compliance (CSACMASPSLC) shall be based upon the amount of time remaining before the change is expected, as follows:

1. Requests received more than TEN (10) business days prior to change ……. $ 45.00
2. Requests received FOUR (4) to TEN (10) business days prior to change ……. $ 90.00
3. Requests received fewer than FOUR (4) business days prior to change …… $ 161.00

**Kindly provide the following information.**
**Please Mail or Deliver this application to the above address.**

Property BLOCK _____ LOT _____ Application Date _____

Property Address _____

**Reason for Inspection** SALE _____ RENTAL _____ **Title** Realtor _____ Owner _____

Contact Name _____

Contact Phone (circle one) [cell] [home]_____

eMail (***REQUIRED***) _____

Closing Date / Change of Occupancy _____

** PAYMENT & APPLICATION MUST BE RECEIVED PRIOR TO INSPECTION SCHEDULING **

Checks Payable to Rockaway Township

Spatial Data Logic (SDL) allows for payment by Credit Card via MunicPay / SDL Portal requires creation of an account

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## ## OFFICE USE ONLY ##

Date Received _____ By _____ Receipt # _____

Method of Payment CASH _____ CHECK _____ MONEY ORDER _____

Assigned Inspector _____ Certificate # _____