

Apartments Only

Request for Certificate of Conformity

10 BUSINESS DAYS ARE REQUIRED FOR THE SCHEDULING OF APPOINTMENTS

Date: _____ **Move in Date:** _____

Block: _____ **Lot:** _____ **Apt. #** _____

Property Owner:

Name / Contact Person:

Phone Number:

Address of Property:

(Certificate is valid for 60 days)

The Fire District checked below will call the contact person named to schedule the inspection and all questions regarding the said inspection and or requirements should be directed to that Fire District.

*** Inspections will be supervised by the property personnel.***

_____ **FIRE DISTRICT #1 (Mission) Block 1 through 61**
(609) 298-5375 ext. 105 or email dutyfm@missionfire.org

_____ **FIRE DISTRICT #2 (Derby) Block 62 & UP—Capt. Scully**
(609) 298-8527 or email inspections@btfd2.org

OFFICE USE ONLY

Date Received _____ **Date Contacted** _____ **Date Scheduled** _____

FOR TOWNSHIP RECORDS

DATE: _____ **CASH:** _____ **CHECK:** _____

ADDRESS: _____ **BLOCK** _____ **LOT :** _____

APPLICANT: _____ **Phone #** _____

Apartments Rental/Change in tenancy Fee: \$ 80. Re-inspection Fee: \$ 80.