

## APPLICATION

### Smoke and Carbon Monoxide Detector

Complete fields 1 through 4.

**1**

ADDRESS OF PROPERTY *(Please print.)*

BLOCK # LOT # CLOSING DATE

NAME OF PROPERTY SELLER

ADDRESS

PHONE #

EMAIL

**2**

NAME OF PROPERTY BUYER

ADDRESS

PHONE #

EMAIL

**4**

NAME OF REALTOR

ADDRESS

PHONE #

EMAIL

**3**

☐

NUMBER OF  
SMOKE DETECTORS

LOCATIONS

☐

NUMBER OF  
CARBON MONOXIDE DETECTORS

LOCATIONS

☐

NUMBER OF  
FIRE EXTINGUISHERS

LOCATIONS



All information for each field  
must be provided or we can  
not accept this application.



#### FOR OFFICE USE ONLY

APPLICATION # PAYMENT RECEIVED BY

PAID \$ ☐ CHECK ☐ CASH

CHECK # DATE

PAYMENT EXPECTED BY

## INSPECTION REPORT

### Smoke and Carbon Monoxide Detector Certification

ADDRESS OF PROPERTY

APPLICATION #

DATE OF INSPECTION



RE-INSPECTION DATE

☐

APPROVED

☐

DENIED

☐

APPROVED AFTER  
RE-INSPECTION

INSPECTOR SIGNATURE

DATE