



**Monroe Township Fire District Three Fire Prevention Bureau  
Monroe Township, New Jersey 08831**

[www.mtfd3.com](http://www.mtfd3.com) Fax (609) 409-5904

Phone (609) 409-4367

**Residential Smoke Detector, Carbon Monoxide Detector, and Fire Extinguisher  
Compliance Application N.J.A.C. 5:70 – 2.3 (a), and N.J.S.A. 52:27D-198.1**

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**Owner Information**

**Owner Name:**

**Street Address:**

**City/State/Zip:** Monroe Twp., NJ 08831

**Phone Number:**

**Fax Number:**

**E-mail:**

**Preferred Inspection Date and Time:**

**Block and Lot # of Property:**

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**Realtor / Agent Information**

**Realtor / Agent Name:**

**Realtor / Agent Street Address:**

**City/State/Zip:**

**Phone Number:**

**Fax Number:**

**E-mail:**

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**Payment information/ Inspection Fees**

- Request received more than 10 business days in advance - **\$35.00**
- Request received 4-10 business days in advance - **\$70.00**
- Request received fewer than 4 business days - **\$125.00**
- Re-inspections required due to inoperable, improperly located, or the absence of required smoke and/or carbon monoxide detector or missed appointments- **\$30.00**

**Payment must be made in the form of check or money order made payable to  
Monroe Township Fire District Three. Payment must be received at the time of  
the inspection.**

**Application Information**

All applications are to be faxed (609-409-5904), or e-mailed to ([smokeapp23@comcast.net](mailto:smokeapp23@comcast.net)),. Once the application(s) is received the applicant will receive a fax or e-mail from our office with the time and date of the appointment for inspection. For further information please visit our website at [www.mtfd3.com](http://www.mtfd3.com).

**Scheduling Information**

***Applications must be received one week in advance.*** All inspections will be conducted on Tuesdays, between the hours of 8am and 5pm; ***NO EXCEPTIONS.*** Please note any preference on the time and date that you want the inspection to be conducted. ***Every effort will be made to facilitate your preference, but will not be guaranteed.***

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**OFFICE USE ONLY**

Application received \_\_\_\_\_

Date of inspection \_\_\_\_\_

Employee name \_\_\_\_\_

Form Number \_\_\_\_\_