

Township of Mansfield
-County of Burlington-
Bureau of Fire Prevention
3135 Route 206
Suite 1
Columbus, NJ 08022

Douglas J. Borgstrom
Fire Official

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LANDLORD / TENANT REGISTRATION ACT
TENANT CHANGE FORM

Mansfield Code Chapter 39D

Application for:

Certification of Smoke Detector / Carbon Monoxide Detector / Portable Fire Extinguisher / House Numbering
Compliance

Rental

Property Address: _____

Physical Street Address

_____ Apt / Floor / Unit # if applicable

_____ City

Mansfield Twp.
Township

Burlington
County

NJ
State

_____ Zip Code

Inspection Contact: _____ Owner Agent Tenant

Contact E-Mail: _____ Phone: _____

Licensed Occupant(s): _____

Occupant Contact Number: _____ Occupant E-Mail: _____

***NOTE: ALL BOXES BELOW MUST BE CHECKED FOR THIS APPLICATION TO BE COMPLETE. EACH UNIT OF A MULTI-FAMILY DWELLING MUST HAVE ITS OWN FORM.**

- A smoke detector is located on each level of the dwelling, including basements, excluding attics and crawlspaces.
- A smoke detector is within 10 feet of all bedrooms and sleeping areas.
- A carbon monoxide detector is within 10 feet of all bedrooms and sleeping areas.
- All detectors are in working order.

*The detectors required above shall be located in accordance with N.F.P.A.72. The detectors are not required to be interconnected. **Houses built prior to January of 1977 are required, per N.J.A.C. 5:70-4.9(a)2(i), to have 10-year sealed battery smoke alarms installed and dated with date of install.** AC powered and/or interconnected smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order.*

- An ABC fire extinguisher (2.5 lb minimum, 5 lb recommended) is mounted within 10 feet of each kitchen area.
- The property (and each unit if applicable) is clearly marked and is in compliance with the Township of Mansfield
 - House Numbering Ordinance # 1991-26.

Signature _____ Date _____

Office use only

Fee Paid \$ _____ Chk.# _____ Date of Inspection ____ / ____ / ____

Inspector Name: _____ Signature _____

Re-Insp Fee Paid \$ _____ Chk.# _____ Date of Re-Inspection ____ / ____ / ____

Inspector Name: _____ Signature _____

Certificate # _____

Revised 01/23/2019

Fee Schedule: \$100.00 inspection, \$100.00 each re-inspection

Any items covered by §39D not addressed herein shall be referred to the Township Clerk.