

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

Douglas J. Borgstrom
Fire Official

Phone (609) 298-0542 x1010
Fax (609) 298-1863

LANDLORD / TENANT REGISTRATION ACT

Mansfield Code Chapter 39D

Application for:

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

And:

Registration Form

Page 1 of 6

Rental

Property Address: _____

Physical Street Address

_____ Apt / Floor / Unit # if applicable

_____ Mansfield Twp. Burlington NJ
City Township County State Zip Code

Block: _____ Lot: _____ (See the last page for a link)

Licensed Occupant: _____ Additional occupants may listed on pg 3 & 6

I certify that I am the: Property Owner Agent/Superintendent Licensed Occupant of the dwelling at the above referenced location. I further certify that the devices listed below are installed and in working order as stated below.

This is a _____ story single family dwelling with a basement without a basement

OR

— This is a _____ story multiple family dwelling with a basement without a basement

***NOTE: ALL BOXES BELOW MUST BE CHECKED FOR THIS APPLICATION TO BE COMPLETE. PAGES 1 -6 MUST BE SUBMITTED IN ORDER FOR APPLICATION TO BE PROCESSED. EACH UNIT OF A MULTI-FAMILY DWELLING MUST HAVE ITS OWN REGISTRATION.**

- ☐ 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 20 feet of all bedrooms and sleeping areas.

The detectors required above shall be located in accordance with NFPA 72. The detectors are not required to be interconnected. Houses built prior to January of 1977 are required, per NJ A.C. 5:70-49 (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.

- ☐ All detectors are 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.

Name and address where certificate is to be sent: _____

Property Owner Agent/Superintendent Licensed Occupant

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.

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Property Address:

Physical Street Address

Apt / Floor / Unit # if applicable

City _____

Mansfield Twp.
Township

Burlington
County

NJ
State

Zip Code

Block: _____ Lot: _____

Name: _____

Address:

Phone #:

Preferred

Alternate

eMail:

In the case of a partnership or other ownership arrangement, please provide the names of all the additional partners on page 4.

Person authorized to provide regular maintenance

Name:

Address:

Phone #:

Preferred

Alternate

eMail:

Person authorized to make emergency decisions regarding the building and its systems, **Check all that apply**

Property Owner

Agent / Superintendent

Tenant

Other (See Below)

Name:

Address:

Phone #:

Preferred

Alternate

eMail:

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TENANT(s)

Licensed occupants of each unit, specify unit if applicable.

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Additional tenants may be listed on page 6

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Additional Property Information

Property Partner Agent / Superintendent Other _____ (See Below)

Name: _____

Address: _____

Phone #: _____
Preferred Alternate

eMail: _____

INSPECTION ARRANGEMENTS

Person to contact to arrange inspections, Check all that apply.

Property Owner or Partner Agent / Superintendent Tenant Other (See Below)

Name: _____

Address: _____

Phone #: _____
Preferred Alternate

eMail: _____

Monitoring or Alarm System: ** PLEASE ensure the property representative has a working pass code if applicable. **

FUEL

What type of fuel is used to heat the dwelling?
If other is used please specify in the space
provided. If landlord furnishes fuel for the
property please provide name of authorized
dealer.

☐ Fuel Oil Grade _____

☐ Propane

☐ Natural Gas

☐ Electric

☐ Other _____

Name _____

Address _____

Phone _____

HVAC

Contractor that is approved to service heater in case of emergency

Name: _____

Address: _____

Phone #: _____
Preferred Alternate

Please provide type of heating system used in property

Forced Air Radiant water Other: _____

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FLOOR PLAN

Please draw, noting where the street is located in reference to the dwelling. Builder floor plans may be submitted.

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares, intended for drawing a floor plan. The grid is empty and occupies the majority of the page below the instructions.

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Additional Property Information

Please include any information that may be pertinent to emergency services responding to this address.

ADDITIONAL TENANT(S)

Licensed occupants of each unit, specify unit if applicable.

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail:

Tenant(s):

Unit:

Phone #:

Preferred

Alternate

eMail: