



**CONSTRUCTION OFFICE
FIRE INSPECTION DIVISION, EXTENSION 108/169**

SMOKE & CARBON MONOXIDE DETECTOR APPLICATION

Application No# _____

Address of Property _____

Block _____ Lot _____ Closing Date _____

Seller's Name/Address/Phone#/email Address (**all information is required**)

Buyer's Name/Address/Phone# / email address (**all information is required**)

Realtor's Name/Email address/Phone# _____

Number of Smoke Detectors _____ Locations _____

Number of Carbon Monoxide Dectors _____ Location _____

Fire Extinguisher Location _____

Paid _____ Check# _____ Cash _____ Date _____

Payment excepted by _____.

All information needs to be filled out before we can accept the application.*