



## Smoke Detector Program

### Introduction

The Maple Shade Smoke Detector Program is designed to supply **free** smoke detectors to those households that meet **all** of the below listed qualifications. If you are in need of a working smoke detector or know of someone who is and they currently meet the qualifications, please submit the attached application to the Fire Marshal's Office.

### Qualifications:

1. Currently reside full-time in the Township of Maple Shade and **are not** in the process of selling your property.
2. Be a homeowner. *(If you rent your home, including apartments, your landlord is required by law to provide working smoke detectors. If your landlord has not provided working smoke detectors, you may file a complaint with our office by calling 856-779-9610 extension 179)*
3. Be physically disabled, and/or a senior citizen with a fixed income. (proof may be required)

Please submit completed applications to the Fire Marshal's Office by facsimile at 856-779-2524, by visiting our office at 200 Stiles Ave, or by scanning and emailing the application to [cclark@mapleshade.com](mailto:cclark@mapleshade.com). After processing the completed application our office will contact you to schedule an appointment to install the smoke detector(s). An authorized adult at least 18 years of age must be on the premise to permit the inspector access to the home.

**How Can I Help?** All smoke detectors are provided through donations or grants. For more information on how you or your company can help our office with this effort, please call us at 856-779-9610 ex. 179 or email [dkerr@mapleshade.com](mailto:dkerr@mapleshade.com).



## Township of Maple Shade

### Office of the Fire Marshal

200 Stiles Avenue  
Maple Shade, NJ 08052  
856-779-9610

## Smoke Detector Program

### Application

#### Applicant

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (Town, State, ZIP) (Telephone #)

I, the undersigned being the **Owner** of the above listed property do hereby release and indemnify the Township of Maple Shade, the Maple Shade Fire Department and its employee's from any and all liability, now or in the future, for any damage seen or unseen, that may have occurred as a result of the efforts made in an attempt to install smoke and/or carbon monoxide detectors in the aforementioned property in accordance with the International Fire Code New Jersey Edition N.J.A.C. 5:70-2.3. Be it further known that this release in no way implies and/or admits that any damage was, in fact, done to the aforementioned property while conducting these efforts. I hereby certify that to the best of my knowledge I meet all of the required qualifications listed on this application.

#### Qualifications:

1. Currently reside full time in the Township of Maple Shade.
2. Be a home owner. *(If you rent your home, including apartments, your landlord is required by law to provide working smoke detectors. If your landlord has not provided working smoke detectors, you may file a complaint with the Fire Marshals Office by calling 856-779-9610 extension 179)*
3. Be physically disabled, and/or a senior citizen with a fixed income. (proof may be required)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**Township of Maple Shade**

**Office of the Fire Marshal**

200 Stiles Avenue  
Maple Shade, NJ 08052  
856-779-9610

## **Smoke Detector Program**

### **Installation Form**

(For Fire Department Use Only)

#### **Description of Smoke Detectors Installed**

Basement Amount \_\_\_\_\_

Location(s) \_\_\_\_\_

\_\_\_\_\_

First Floor Amount \_\_\_\_\_

Location(s) \_\_\_\_\_

\_\_\_\_\_

Second Floor Amount \_\_\_\_\_

Location(s) \_\_\_\_\_

\_\_\_\_\_

Third Floor Amount \_\_\_\_\_

Location(s) \_\_\_\_\_

\_\_\_\_\_

**Notes:** (Fire Extinguishers? CO Detectors? Special Hazards?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Inspector/Firefighter Signature** \_\_\_\_\_ **Date** \_\_\_\_\_