Learn More

Please email ResidentialResale@hopewelltwpfire.org or fax 609.730.1563

INSTALLATION AND INSPECTION FORM SINGLE- AND MULTIPLE-STATION ALARMS AND HOUSEHOLD FIRE ALARM SYSTEMS

Your Logo Here

Hopewell Valley Bureau of Fire Safety
201 Washington Crossing-Pennington Rd. Titusville, NJ 08560
Phone (609) 730-8156

Form Completion Date: _____ Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Property Owner: _____
Address: _____
Phone: _____ E-Mail: _____ Other: _____

2. INSTALLATION, CONTRACTOR, AND MONITORING INFORMATION

Installation Contractor: _____
Address: _____
Phone: _____ E-Mail: _____ Other: _____

2.1 Type of Off-Premises Notification

Monitoring Organization: _____
Address: _____
Phone: _____ E-Mail: _____ Other: _____
Account Number: _____ Means of Transmission: _____

3. DESCRIPTION OF SYSTEM OR SERVICE

NFPA 72 Edition: _____

3.1 Type of System

☐ Single-Station ☐ Multiple-Station ☐ Household Fire Alarm System ☐ Carbon Monoxide Alarm System

3.2 Number of Devices

Single-Station Smoke Alarms: _____ Multiple-Station Smoke Alarms: _____
Single-Station Heat Alarms: _____ Multiple-Station Heat Alarms: _____
Single-Station Carbon Monoxide Alarms: _____ Multiple-Station Carbon Monoxide Alarms: _____
System Smoke Detectors: _____ System Heat Detectors: _____
Waterflow Switches: _____
Notification Appliances: _____ Type: _____
Interfaced/Other Equipment: _____

3.3 Location (L) and Date (D) of Devices

Device type, location and manufacture date of devices (date shown on back of devices)

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Electrical Panel (L): _____ Breaker Number: _____
Alarm Control Unit (L): _____ Battery Back-up (D): _____
Plug in Transformer (L): _____
Relay for Interconnection (L): _____

4. PREPARED BY

Signed: _____ Printed Name: _____ Date: _____
NJ License: _____ Business Name: _____

NFPA 72
Rev.1/29/25