



Collingswood Fire Department

20 W. Collings Avenue
Collingswood, New Jersey 08108

Phone 856-854-7447 X 0 Fax: 856-854-1279

Application for CSDCMAC /& Exterior CO

Complete this Application form (PLEASE PRINT) & Fax to 856-854-1279
OR present to the Collingswood Fire Prevention Office at the above address

Date ____/____/____ Requested Inspection Date* ____/____/____

Property Address : _____

Seller Name(s): _____

Seller Address: _____

Seller Phone# (____) _____ Block # ____ Lot # ____

Settlement Date ____/____/____ Residential / Commercial

Does Buyer Intend to Occupy Premises as **Primary Residence**? __Y __N

Buyer Name(s): _____

Buyer Address : _____

_____ Phone# _____

Inspection Requested by:

Agent Name /Company _____

Day/Cell Phone# (____) _____ Fax# (____) _____

Exterior CO Fee : \$ 50.00 (please provide separate checks for each inspection)

CSDCMAC Fees :

\$ 50.00 -Appointment scheduled **At Least 10 Days prior** to the Inspection

\$ 85.00 -Appointment scheduled **Between 4 to 10 Days** prior to Inspection

\$140.00 -Appointment scheduled **Less Than 4 Days** prior to Inspection

Fees payable to : **Borough of Collingswood** / (Check or Money Order)

Fees may be paid at the time of Inspection.

Call (856) 854-7447 Ext. 0 to Schedule Appt. FAX # (856) 854-1279