

**BRANCBURG BUREAU OF FIRE SAFETY
AFFIDAVIT TO ALLOW CLOSING DURING COVID-19 PANDEMIC**

Date _____

Property Location _____

Block & Lot _____

Seller's Name _____

Seller's Address _____

Seller's Phone Number _____

Seller's Email _____

Seller's attorney Name _____

Seller's attorney phone _____

Seller's attorney email _____

Seller's Certification:

I hereby certify that the dwelling at _____ is equipped with the functioning smoke alarms, carbon monoxide alarms and a portable fire extinguisher.

Seller's Name _____ **Signature** _____

Buyer's Name _____

Buyer's Address _____

Buyer's Phone number _____

Buyer's email _____

Buyer's certification:

I hereby agree to assume the responsibility of obtaining the CSACMAPFEC and will schedule an inspection within three weeks of being contacted by the Branchburg Township Bureau of Fire Safety. I agree to make any necessary repairs to satisfy the requirements of the CSACMAPFEC

Buyer's Name _____ **Signature** _____

Buyer's attorney certification:

I have reviewed this affidavit with my client and they agree to the conditions stated in the affidavit.

Buyer's attorney signature _____

Buyer's attorney Name _____

Buyer's attorney phone _____

Buyer's attorney email _____

This form should be emailed to: firemarshal@branchburg.nj.us

FIRE SAFETY USE:

This property should have the following:

Inspector _____ Date _____