

**NEW JERSEY DIVISION OF FIRE SAFETY
ENGLEWOOD FIRE PREVENTION BUREAU**

**AFFIDAVIT ATTESTING TO THE INSTALLATION OF REPLACEMENT DOORS
AS REQUIRED FOR COMPLIANCE WITH NJAC 5:70-4.11(l)**

Owner(s)/Business Name: _____

NJDFS Registration No. _____ Local Registration No. _____

Street Address: _____

Municipality: _____ State: _____ ZIP Code: _____

Phone: _____ FAX: _____

Owners Address: Information may be omitted ONLY if owner resides year round at above address.

Owner(s) Name: _____ Phone: _____

Street Address: _____

Municipality: _____ State: _____ ZIP Code: _____

I hereby attest that the installation of any replacement door(s) has been done in accordance with NJAC 5:70-4.11(l) and/or approved variance.

Give brief description of the location (s) of each replaced door(s). Attach additional pages if necessary.

I further submit and attach a copy of the manufacturer's specification sheet and a copy of the purchase receipt(s).

I certify that all statements made by me in this affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to penalty.

Owner/Agent Signature

Title

Date