



**NEWPORT FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL**

21 West Marlborough Street
Newport, RI 02840
Phone: (401) 845-5913
Fax: (401) 845-5940



Newport Fire Department Policy for Smoke/CO Certification Inspection

Tuesdays Only Between 0800 hours to 1700 hours

Inspection Request Form: Request forms for Smoke/CO inspections must be submitted to the Office of Fire Prevention of the Newport Fire Department via email at smokecoinspection@cityofnewport.com or hand delivered **at a scheduled** time with the Office of Fire Prevention. A receipt of delivery shall be provided by email from the Newport Fire Department to the individual submitting the request on-line, or after review at the scheduled hand delivery appointment.

The request form must be filled out in its entirety or will not be accepted as an official request.

Inspections Request Reply: Inspections are required to take place within 10 business days of request, unless a later date is preferred by the individual making the request.

The Office of Fire Prevention will contact the applicant within 2 business days of receipt of completed request form to provide the applicant with inspection date and time.

Inspection Times: Inspection times will be scheduled in half hour windows. The inspector will show up within the half hour scheduled. If no representative is present the inspector will leave and a re-inspection request form will be required to be submitted for rescheduling and re-inspection fees will apply. This will allow for more inspections per day.

Inspection Fees: Initial Inspection Fee – Thirty Dollars (\$30.00)
Re-Inspection Fee – Sixty Dollars (\$60.00)
Check or Money Order Only Payable to: **The City of Newport**

Re-Inspection and Re-Inspection Fee: A re-inspection of the property may be necessary due to improper installation, location, device type, wiring method, or the representative's failure to maintain the mutually agreed upon appointment with the Newport Fire Department. A re-inspection request form will need to be submitted to the Office of Fire Prevention of the Newport Fire Department for a re-inspection appointment to be scheduled within 10 business days of request.

Certificates will be issued via email by end of the business day following Smoke/CO approval.



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Smoke Carbon Monoxide Inspection Request Form

Applicant Name _____ Agent _____ or Owner _____

Address _____ Unit # _____

Phone# _____ Email _____

One/Two Family Dwelling _____ Three (3) Family Dwelling _____

Condominium (Yes) _____ (No) _____ if yes, # of Units in Structure _____

Is a household residential fire alarm system (ex. Cox, ADT) installed? (Yes) _____ (No) _____
If yes name of company that services system _____

****Note- Service provider will need to be present at time of inspection to test the system***

Is a commercial fire alarm system installed? (*Required for 4 or more residential units*)
Commercial Fire Alarm Test Date _____

Year building was constructed _____

of Floors _____ Square Footage _____

Attached Garage (Yes) _____ (No) _____

Heat Fuel: Electrical _____ Gas _____ Oil _____ Fireplaces (Yes) _____ (No) _____

Has applicant read and understood NFD Smoke/CO Inspection Policy? (Yes) _____ (No) _____

Has applicant read and understood NFD Smoke/CO Certificate Requirements? (Yes) _____ (No) _____

Does residence meet the Smoke/CO requirements for One and Two Family or Three Family Dwelling? (Yes) _____
(No) _____

Are detectors less than 10 years old (Yes) _____ (No) _____

Are floor plans available for review? (Yes) _____ (No) _____ (*Not Required for Inspection*)
If yes please submit with request form.

Does building have any open permits? (Yes) _____ (No) _____
(*Open permits will not prevent inspection or issuance of Smoke/CO Certificate unless electrical permit is directly related to installation of detectors.*)