



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 810
 TRENTON, NJ 08625-0810

**DIVISION OF CODES AND STANDARDS
 BUREAU OF HOUSING INSPECTIONS
 FIRE WALL CEILING PAINT**

STATE OF NEW JERSEY)

SS. _____

COUNTY _____)

CERTIFICATION IN LIEU OF AFFADAVIT

1. I, _____ own or exercise control over
Name of Affiant
 the premises located at _____ in the
Street Name and Number
 Municipality of _____, County of _____
 in the State of New Jersey.

2. I hereby certify that the existing ceiling and/or wall finish material that was cited for lack of the required flame spread rating has since been either removed or treated with a fire retardant coating in strict accordance with the coating manufacturer's printed instruction. Such a coating material application complies fully with the requirements of the attached copy of Table 5:7004.12(a) of the New Jersey Uniform Fire Code.

I have attached herewith, either the label(s) from the can(s) of coating material used, or such type label with proof indicating the number of cans of coating material actually purchased.

 Dated

 Signature of Affiant

 Printed Name of Affiant

 Address of Affiant

 Address of Affiant

