

Building Department Tel: (201) 585-4108 Fax: (201) 585-4110

Dorough of Palisades Park

275 Broad Avenue Bergen County, N.J. 07650

APPLICATION ONLY

Building Department

Application for certificate of continue Occupancy
This Application is NOT VALID Until ALL information is provided

PROPERTY LOCATION:	
CURRENT OWNER'S NAME:	PHONE #:
	PHONE #:
BUYER'S CURRENT ADDRESS:	
BUYER'S ATTORNEY INFO:	SELLER'S ATTORNEY INFO
NAME:	NAME:
	ADDRESS:
	PHONE #:
Building Inspection Fees Payable to BOR	
A. For one family homes, Condomi	
B. For two family homes: \$100.00	
C. For multiple dwellings : First U	
	ditional unit: \$50.00 CK # :
D. Business up to 5,000 sq. ft. : \$500.00 CK # : Each additional 1,000 sq. ft.: \$100.00	
_	
E. Reinsertion fee (per Occupancy	7) \$ 50.00 CK #:
 Fire safety inspection fee of \$ 1 	00.00 one /two family ,all others
\$ 100.00 per unit payable to PA	

This document serves notice that based on a general inspection of the visible parts of the building, there are no imminent hazard; this dwelling is approved for continued occupancy.

Certificate of smoke detectors and carbon monoxide compliance.

DEPARTMENT OF BUILDINGS AFFIDAVIT FOR ONE &TWO FAMILY DWELLINGS.

	j.
Date:	
Block:	Lot:
Property Address:	
Purchaser:	Telephone #:
Purchaser Address:	
Owner Occupied: ()	Non Owner Occupied: ()
1. I am about to enter into	possession or ownership of the premises described above.
2. I hereby acknowledge the manner which is consist	hat I am aware that the premises are to be used in a tent with all local and state laws.
3. I am also aware that loc and other persons who	cal ordinance imposes a limit on the number of families, can occupy these premises.
4. I hereby agree to comply with the requirements of said limitations.	
5. I am signing this affidavit in order to induce the building department to issue the appropriate Certificate of Continued Occupancy and I am aware that this statement is relied upon by that department.	
	statements herein are true. I am aware that if any of ents made by me are willfully false, that I am
You must submit this states of Occupancy can be issued	ment signed and notarized before a Continued Certificate
PURCHASER SIGNATUR	Æ:
NOTARY SIGNATURE:	DATE

APPLICATION AND
CERTIFICATION IN LIEU OF
INSPECTION FOR CERTIFICATE
OF SMOKE DETECTOR AND
CARBON MONOXIDE ALARM
AND PORTABLE FIRE
EXTINGUISHER COMPLIANCE

DATE

Borough of Palisades Park Bergen County, A.J. 07650

BUREAU OF FIRE PREVENTION 275 BROAD AVENUE PALISADES PARK, NEW JERSEY 07650 PHONE: (201) 585-4132 FAX: (201) 944-8059



DWELLING LOCATION: BLOCK: _____ LOT: ____ (NOT MAILING ADDRESS) STREET: *NOTE: ALL BOXES MUST BE CHECKD IN ORDER FOR CERTIFICATION TO BE VALID SMOKE DETECTORS SHALL BE LOCATED: A. IF CONSTRUCTED PRIOR TO 1977 ON EACH LEVEL OF DWELLING AND WITHIN 10 FEET OF SLEEPING AREAS. (DETECTORS MAY BE BATTERY POWERED.) DETECTORS MUST BE MOUNTED ON THE CEILING OR ON THE WALL WITHIN 6" OF THE CEILING. B. IF CONSTRUCTED BETWEEN 1977 AND 1989 ON EACH LEVEL OF DWELLING AND WITHIN 10 FEET OF SLEEPING AREAS. (DETECTORS MUST BE 110V) DETECTORS MUST BE MOUNTED ON THE CEILING OR ON THE WALL WITHIN 6" OF THE CEILING. C. IF CONSTRUCTED AFTER 1990 ON EACH LEVEL OF DWELLING, INSIDE OF EACH SLEEPING ROOM AND WITHIN 10 FEET OF SLEEPING AREAS. (DETECTORS MUST BE 110V WITH BATTERY BACK-UP, AND BE INTERCONNECTED.) DETECTORS MUST BE MOUNTED ON THE CEILING OR ON THE WALL WITHIN 6" OF THE CEILING, D. BATTERIES IN ALL SMOKE DETECTORS SHALL BE TESTED ONCE A MONTH AND CHANGED ONCE A YEAR TO ASSURE PROPER E. ALL SMOKE DETECTORS WITH A MANUFACTURE DATE GREATER THAN 10 YEARS MUST BE REPLACED. _____ DETECTOR DATE OF MANUFACTURE CARBON MONOXIDE DETECTORS SHALL BE LOCATED: A. WITHIN 10 FEET OF ALL SLEEPING AREAS. B. ALL CARBON MONOXIDE DETECTORS WITH A MANUFACTURE DATE GREATER THAN 5 YEARS MUST BE REPLACED. DETECTOR DATE OF MANUFACTURE [] ALL SMOKE DETECTORS ARE IN WORKING ORDER. [] CARBON MONOXIDE ALARM(S) IN WORKING ORDER [] FIRE EXTINGUISHER IS THE CORRECT SIZE, IS PROPERLY MOUNTED, AND IS LOCATED WITHIN 10 FEET OF THE KITCHEN MAIL CERTIFICATE TO: ______PHONE #: _____ _____FAX#: EMAIL CERTIFICATE TO:_____ CONTACT PERSON; PHONE #; CLOSING DATE: HEREBY CERTIFY THAT AT THE ABOVE REFERENCED LOCATION, OF WHICH I AM THE OWNER, AGENT, TENANT, OR NJ LICENSED ELECTRICIAN, THE FOLLOWING ITEMS HAVE BEEN INSTALLED, MAINTAINED, AND CHECKED FOR PROPER OPERATION IN ACCORDANCE WITH N.J.A.C. 5:70-2.3, N.J.A.C. 5:70-4.19, N.J.A.C. 5:70-3,907.21, N.J.A.C. 5:70-3,703.2.3, AND NFPA 72.

PRINTED NAME

APPLICANT SIGNATURE

CCO/Certificate of Smoke Detector and Carbon Monoxide Alarm Compliance Requirements In accordance with N.J.A.C 5:70-3,907.21 and NFPA 72

1. SMOKE DETECTORS SHALL BE LOCATED:

- a. If constructed prior to 1977 on each level of dwelling and within 10 feet of sleeping areas. (Detectors may be battery powered.) Detectors must be mounted on the ceiling or on the wall within 6" of the ceiling.
- b. If constructed between 1977 and 1989 on each level of dwelling and within 10 feet of sleeping areas. (Detectors must be 110V) Detectors must be mounted on the ceiling or on the wall within 6" of the ceiling.
- c. If constructed after 1990 on each level of dwelling, Inside of each sleeping room and within 10 feet of sleeping areas. (Detectors must be 110V with battery back-up, and be interconnected.) Detectors must be mounted on the ceiling or on the wall within 6" of the ceiling.
- d. Single station smoke detectors shall be tested or inspected once a week and cleaned and batteries changed once a year to assure proper operation.
- e. All smoke detectors with a manufacture date greater than 10 years must be replaced.

2. CARBON MONOXIDE DETECTORS SHALL BE LOCATED:

- a. Within 10 feet of all sleeping areas.
- b. All carbon monoxide detectors with a manufacture date greater than 5 years must be replaced.

3. Apartment Entry Doors

a. All doors separating dwelling units from common hallways must be self closing and self latching.

4. Fire Extinguisher

a. One and two family houses must have a 10 pound type ABC fire extinguisher within 10 feet of each kitchen.

REQUIREMENTS FOR RENTALS

- 1. No accumulations of trash or rubbish inside or outside.
- 2. No broken or cracked glass in windows. Screens required in summer.
- 3. All windows must be operable.
- 4. General Conditions no peeling paint or other surface deterioration.
- 5. Relief pipe on water heaters and boilers must be within 6" of the floor.
- 6. No double keyed locks on any doors.
- 7. No key locks on bedroom doors.
- 8. Handrails required on all stairs with 3 or more risers (Steps plus landing) including exterior stairs.
- 9. No outstanding property maintenance or housing violations.
- 10. Permanent fence around pool with self-closing and self-latching gates.
- 11.GFI outlets must be in place anywhere an outlet exists within six feet of a water source.
- 12. All furnaces and boilers must have one of the following: A full fire rated ceiling or a sprinkler installed on the cold water line.