## **BOROUGH OF SADDLE RIVER** CONSTRUCTION DEPARTMENT

## APPLICATION FOR CONTINUED CERTIFICATE OF INSPECTION

(THIS DEPARTMENT HAS **TEN** (10) **WORKING DAYS** TO APPROVE OR DENY THE APPLICATION)

1. DATE OF APPLICATION:		
2. REALTOR:	TEL NO.:	
3. NAME OF SELLER:	TEL NO.:	
ADDRESS:		
4. NAME OF BUYER:	TEL NO.:	
ADDRESS:		
5. PROPERTY LOCATION:		
BLOCK: LOT: ZONING I	DISTRICT:	
6. NUMBER OF KITCHENS: BATHS: B	EDROOMS:	
7. NUMBER OF FAMILIES PRESENTLY RESIDING:		
8. NUMBER OF FAMILIES AFTER SALE WHO WILL	OCCUPY SAID PREMISES:	
9. IF THERE IS A POOL, THERE MUST BE A POOL LATCHING GATES THAT SWINGS AWAY FRO THERE WILL BE A \$100.00 REINSPECTION FEE	M POOL. IF YOU FAIL THIS INSPECTION –	
TO CONFORM WITH THE PROVISIONS OF SECTIONS SADDLE RIVER. SURECRIPED, AND SWORN TO REFORE ME	ON 96-13 OF THE CODE OF THE BOROUGH OF	
SUBSCRIBED AND SWORN TO BEFORE ME		
THIS DAY OF20		
NOTARY PUBLIC	SIGNATURE	
BUILDING FEE - \$200.00	ADDITIONAL INSP. FEE - \$100.00	
	**************************************	
APPLICATION APPROVED:		
APPLICATION DENIED:		
(UPON DENIAL, THIS DEPARTMENT HAS 10 WORKIN APPLICATION)	NG DAYS TO REINSPECT AND APPROVE OR DENY THE	
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# Borough of Saddle River Fire Prevention Bureau

100 East Allendale Road, Saddle River, New Jersey 07458 (201- 327-2609) Ext 237 – Samuel Antoshak Fire Marshal

	• Detector Inspection and Cer  Date of Closing:	
Seller's Name:	Agents Name:	
Seller's Phone Number:	Agents Phone Number:	
Rental: YES   NO *If YES	please fill out the attached form*	
	Building Information:	
*Please fill form ou	t completely and legibly otherwise the form wil	ll not be accepted. *
Does the structure have solar Panels?	Does the structure Have an indoor pool (If Yes Please describe the location)?	Are there multiple structures on the property (guest houses, pool houses, detached garages, etc.)?
Does the Structure have a gate? (if yes gate code or gate Knox box location)	Does the structure have a Knox box?	Is there a private bridge leading to the structure? (if so, what is the weight rating of the bridge)?
Is the structure equipped with a sprinkler system?	What type of fire alarm does the structure have?	Does the Structure have a truss roof or floor?
Structure	Emergency Contact Info	ormation:
Name(s):	Emergency Contact Number(s):	department to know?
been read, understood, and are in con	ertifying that all requirements listed on the formpliance prior to the inspection. In addition, requirements are not met you may be subject	I have completed the above section of at to additional fees.
Applicants Signature		
	Inspectors Notations:	<del></del>

Inspector Signature:	Inspector's DFS#	Check #
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## Fee's

The application fee for a certificate of smoke detector and carbon monoxide alarm compliance (CSDCMAC), as required by N.J.A.C. 5:70-2.3, shall be based upon the amount of time remaining before the change of occupant is expected, as follows:

- Request for a CSDCMAC received more than 10 business days prior to the change of occupant: \$45.00;
- Request for a CSDCMAC received four to 10 business days prior to the change of occupant: \$90.00;
   and
- Request for a CSDCMAC received fewer than four business days prior to the change of occupant: \$161.00

If a reinspection is required there will also be a reinspection fee of \$45.00

\*\* CHECK ONLY Make payable to the Borough of Saddle River \*\*

# **Requirements:**

# New Jersey Fire Code- Mandates the following when selling and/or renting your 1 or 2 family home

#### 1. SMOKE DETECTORS

- At a minimum, one smoke detector shall be located on each level of the residence, including the basement
- The detectors should preferably be mounted to the ceiling.
- If a detector has to be mounted on a wall, it must be mounted 4 inches minimum and 12 inches maximum from ceiling.
- Detectors must be 4 inches from any corner and a minimum of 3 feet for any air registers.
- Any prewired interconnected smoke and carbon detectors must be functioning, battery operated units. CANNOT be substituted in lieu of getting the wired units functioning.
- Please be sure to check the manufacture's installation guide as well.
- Do not install detectors in attic unless it is a finished room. Variations of temperatures will cause erroneous smoke detector activation.
- Detectors mounted in the stairway or at the top of the basement stairs do not count as a detector for that floor.
- Do not mount detectors in kitchen as they often result in many nuisance alarms.
- Combination (Smoke and Carbon) detectors are permitted.
- ALL DETECTORS 10 YEARS OR OLDER MUST BE REPLACED, PER MANUFACTURE'S RECOMMENDATIONS.

If you have a Fire Alarm System, you will be required to know how the system works, including password(s), alarm company phone number, how to silence and reset the system for us to inspect it and the alarm company must be notified that system is being tested.

• If you have a report from your alarm company stating that the alarm system is functioning within the last 6 months the inspector will not have to test the system on site. Must provide copy of the report to the inspector at the time of inspection

### 2. CARBON MONOXIDE DECTORS (CO)

- On each level that has bedrooms, detectors shall be installed within 10 feet of each bedroom.
- They can be ceilings or walls with no height restrictions.
- Please be sure to check the manufactures installation guide as well.

#### 3. FIRE EXTINGUISHERS

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- At least one portable fire extinguisher shall be installed in all 1 and 2 family dwellings upon a sale or change of tenancy near each kitchen.
- The size shall be a 5-pound or 10-pound type ABC- a minimum of 2A:10BC rating.
- The extinguisher shall be charged, operable and MOUNTED in a visible location within 10 feet of the kitchen and not blocked by furniture.

Please sign to confirm that you have read and understand the above New Jersey State fire code and Borough of Saddle River codes and regulations. Any questions please contact the Saddle River Fire Prevention Office.

** Please note that the inspector will take pictures of the EXTERIOR ONLY of the structure for fire department preplans.
If you have any questions or concerns about this please contact the Saddle River Fire Marshal at (201– 327–2609) Ext

Name: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_

\*\*Your application will not be accepted or reviewed unless it is signed and filled out to completion\*\*