

**APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY-RESALE**

**CCO #** \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUYERS NAME: \_\_\_\_\_

BUYERS ADDRESS: \_\_\_\_\_ BUYERS PHONE NUMBER: \_\_\_\_\_

SELLER'S ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUYER'S ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ONE FAMILY  TWO FAMILY  CHANGE OF USE \_\_\_\_\_  OTHER \_\_\_\_\_

WILL BUYER OCCUPY?  YES  NO \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

I HEREBY GRANT THE BOROUGH OF FAIR LAWN PERMISSION TO INSPECT THE PREMISES LISTED ABOVE FOR COMPLIANCE OF BUILDING AND ZONING CODES.

CONTACT PERSON NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT/REALTOR

\_\_\_\_\_  
DATE SIGNED

INSPECTION – PLUS 1 RE-INSPECTION FEE: \$175.00  
ADDITIONAL RE-INSPECTIONS FEE: \$50.00  
ADDTL CERTIFIED COPY: \$5.00

\*NOTE – FAILURE TO KEEP APPOINTMENT FOR INSPECTION WILL BE CONSIDERED FIRST INSPECTION.

CHECK NO: \_\_\_\_\_ DATE: \_\_\_\_\_ AMT PAID: \_\_\_\_\_

ZONING DEPT – PHONE  
**201-794-5308**

SCHEDULED INSPECTION DATE: \_\_\_\_\_

Inspection time 12 pm – 4 pm

**CERTIFICATE OF COMPLIANCE**

**DATE APPROVED:** \_\_\_\_\_ **INSPECTOR:** \_\_\_\_\_

This visual inspection has found no apparent hazards or conditions that may affect the health, safety or welfare of the occupants. The buyer/occupant assumes the responsibility to continue to conform to all regulations pertaining to this property. Additionally, any construction, demolition or alteration requires prior approval and permits as regulated by the Uniform Construction Code. The Borough of Fair Lawn is not responsible for hidden and unknown conditions at this location. Applicant Initials: \_\_\_\_\_



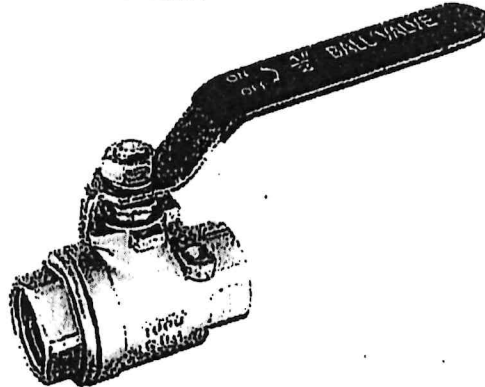
**Borough of Fair Lawn**  
POST OFFICE BOX 376, FAIR LAWN, NEW JERSEY • 07410

CHRISTOPHER J. HOITSMA, CPWM, SUPERINTENDENT  
DEPARTMENT OF PUBLIC WORKS

TEL: (201) 794-5304  
EMAIL: choitsma@fairlawn.org

Dear Homeowner:

In accordance with Ordinance #241.24 we are requesting that you go to the Department of Public Works office or call 201-794-5326 or 201-794-5304 to make an appointment to have the water service valves located by your water meter inspected. The valve before and after the water meter must be a working ball valve as shown below:



After the inspection is complete, depending upon the working condition of the valves, the inspector will sign this letter if the valves are in operating condition and you will then give this letter to the Building Department. If the valves are not in operating condition, you will be required to have them replaced. The inspector will then sign this letter upon your compliance with this ordinance.

If you have any questions, please call the Department of Public Works at 201-794-5326 or 5304.

Thank you,

Borough of Fair Lawn Water Department

Water Dept. Inspector Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

C.C.O. #: \_\_\_\_\_



**Borough of Fair Lawn**  
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**BUREAU of FIRE PREVENTION**

~To report a FIRE, DIAL 911~

(201) 794-5408

www.Fairlawn.org

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# SMOKE ALARM CERTIFICATE

required prior to sale, rental, or change of occupancy  
of 1- and 2-family homes

In 1-family homes, at least one **TEN YEAR SEALED** smoke detector shall be located -

- On each and every level of the home, including the basement.
- Within 10 feet of each entrance to a sleeping area, or inside each sleeping area.
- For levels without a sleeping area, smoke alarm shall be installed near the stairwell.

**Ten-year sealed battery-powered single station smoke alarms shall be required.**

**\*\*\* Hardwired smoke detectors installed as part of the original construction or rehabilitation project SHALL be OPERATIONAL and MAINTAINED in good working order. System cannot be removed, disabled or eliminated. \*\*\***

**\*\*\* Wireless smoke detectors DO NOT meet the NJ fire code requirements unless installed by permit or variance. Copies of the approval will be required.**

Smoke alarms shall be mounted on the ceiling, or on the wall, 4 to 12 inches below the ceiling.

Smoke detectors shall NOT be installed in any kitchen, bathroom, furnace room, or in the STAIRWELL.

Smoke detectors shall sound an alarm of at least 85 decibels at 10 feet.

**Combination smoke & carbon monoxide must be 10 year sealed battery**

**For 2-family homes,** requirements are same as 1-family homes, plus:

- Common stairwells and hallways shall have TEN YEAR SEALED smoke detector installed outside of each doorway to any living space or storage area
- Each separate basement shall have smoke alarm installed at foot of stairs, but not in the stairwell

INSPECTION FEE: varies between \$90.00 and \$125.00, depending on how much in advance you schedule the inspection, per State Regulations. We will not accept cash at the inspection site – checks only. Check is to be payable to Borough of Fair Lawn, plus \$50.00 for each additional visit.

To schedule the above inspection – call the Fire Prevention Bureau at 201-794-5408  
This certification is good for six (6) months.

This Notice dated July 1, 2020

N.J.A.C. 5:70-4.19



## Borough of Fair Lawn

POST OFFICE BOX 376, FAIR LAWN, NEW JERSEY • 07410

### BUREAU of FIRE PREVENTION

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## CARBON MONOXIDE ALARM

required prior to sale, rental, or change of occupancy  
of 1- and 2-family homes

- Installed on each level that has a bedroom.
- Installed on the ceiling or wall. (Table top models are not acceptable)
- Sound an alarm of at least 85 decibels upon testing.
- Shall be installed in a secure manner as per manufacturers' requirements.

\*\*\* Carbon monoxide alarms may be battery-operated, hard-wired, or plug-in. \*\*\*

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## SECONDARY POWER SOURCE CAUTION LABEL

required prior to sale, rental, or change of  
occupancy of 1- and 2-family homes equipped with  
permanently installed internal combustion generators, solar  
panels, battery power systems or any other supplemental  
source of electrical energy to the primary power supply.

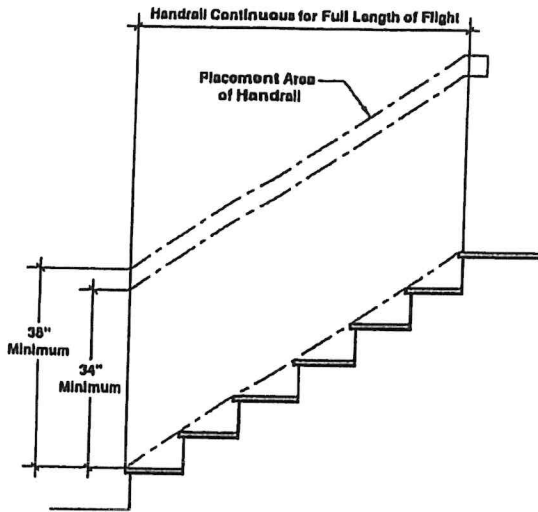
New Jersey Uniform Fire Code requires warning labels as follows:

- Labels shall be installed within 18 inches of the main electrical panel and electrical meter.
- Labels shall state, "CAUTION: MULTIPLE SOURCES OF POWER."
- Labels shall not be handwritten.
- A label compliant with ANSI Z535.4 shall be acceptable.

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**The above inspections shall be done in conjunction with inspection of your smoke alarms.**  
The Certificate of Inspection is valid for six (6) months

**To schedule the above inspection, call Fair Lawn Fire Prevention Bureau: 201-794-5408**



### Stair Handrail Height

As for the stair railing height they can be placed within 34 to 38 inches and shall be provided on at least one side of a flight of stairs having four or more risers.

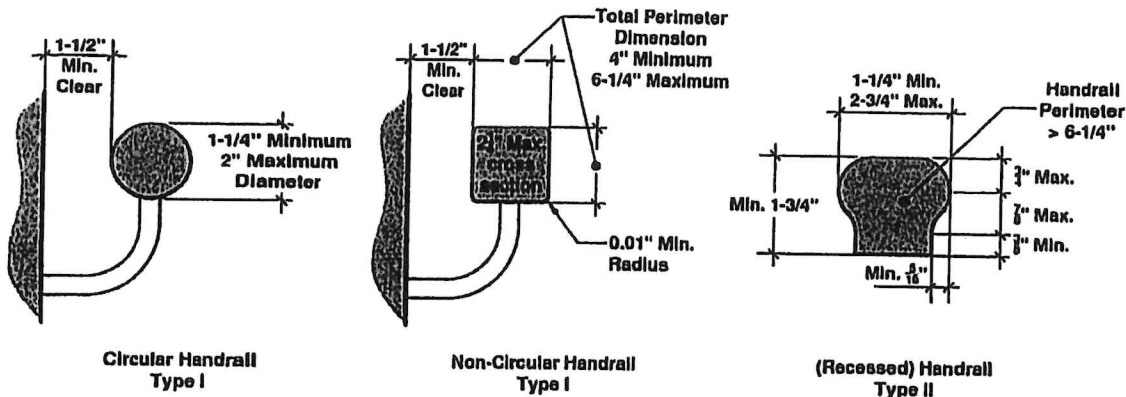
If they are placed up against a wall they should have a clearance from the wall not less than 1-½ inches.

They must be continuous for the full length of the flight of stairs and shall begin at a point directly above the bottom riser to a point directly above the top riser.

### Residential Handrail Code Requirements For Stairs

When it comes to handrails the code is very specific on this. It should provide proper graspability which the code recognizes a Type I and Type II handrail to have.

Type I handrails layout the parameters for handrails having a perimeter dimension not greater than 6 ¼ inches while Type II handrails address handrail perimeters greater than 6 ¼ inches.



### Guardrails

1. A Guardrail is required along the open side of any walking surface, which include stairs, ramps, and landings, provided the drop is more than 30 inches within 36 inches from the edge.

2. The Guardrail height shall not be less than 36 inches above the walking surface.

3. Any opening in a Guardrail shall not allow a 4 inch diameter sphere to pass through.

**BOROUGH OF FAIR LAWN**

If you are moving in or moving out of Fair Lawn, we need to update the water billing account with a final meter reading and water bill

To start the process:

As soon as you have a confirmed closing date, please email the following information to Lisa Londner at LLONDNER@FAIRLAWN.ORG

Your name & tel #: \_\_\_\_\_

- Closing date:
- Property address:
- Seller's name:
- Buyer's name:
- Seller's Attorney (name, tel# & email address)

Or

- Buyer's Attorney (name, tel # & email address)

If you would like to drop this completed form off in person, please go to the Tax & Water payment office located on the 1st floor. Thank you.

*Lisa Londner*