

BOROUGH OF TOTOWA

PASSAIC COUNTY, NEW JERSEY

ALLAN BURGHARDT
CONSTRUCTION CODE OFFICIAL
BUILDING SUBCODE OFFICIAL
ZONING OFFICER



MUNICIPAL COMPLEX
537 TOTOWA ROAD
TOTOWA, N.J. 07512
973-956-7929

RESIDENTIAL CERTIFICATE OF CONTINUED OCCUPANCY

A Certificate of Continued Occupancy is required for the RESALE or RENTAL of any property within the Borough of Totowa.

Prior to the scheduling of any inspection, this office must have a completed application with the appropriate fees paid, and a completed Dwelling Certificate.

Inspections are made on Wednesdays and Fridays 7:30 – 8:30 am or 4:00 – 6:00 pm.
Inspections will be scheduled after all paper work is handed in and fees are paid. A realtor /and or an adult must be present at the location of the inspection.

Fees: Certificate of Occupancy - \$100.00 payable to Borough of Totowa – 1 family dwelling.
\$200.00 payable to Borough of Totowa – 2 family dwelling.

Smoke Detector & Carbon Monoxide - \$100.00 payable to *Borough of Totowa* ~~Totowa Fire Bureau~~ - 1 family
\$200.00 - 2 family dwelling

The following is a list of requirements:

1. **Smoke Detector , Carbone Monoxide** – must be in proper locations.
2. **Pressure Blow-off for Hot Water Heater** – located at the top of the hot water heater and must extend downward to within 6" of the floor.
3. **Stairway Handrails & Guards** – grip sized handrails on steps with 3 or more risers (no open stairways). Guardrails are required on porches, steps, and walkways higher than 30" above grade and must be minimum of 36" high.
4. **House Numbers** – all houses must have a visible house number. Numbers must be located on the house (not doors), and on mailbox.
5. **Furnace Connection** – the connection from the water heater, furnace, boiler or stove to the chimney must be sealed and secure.
6. **Electrical Wires** – no loose or unprotected wires are permitted. No open electric boxes permitted. Hard wired ground fault receptacle required for all pools and spas.
7. **Water Meter** – All homes must be equipped with an external reading device.
8. **All required Fire Separations** – must be installed and maintained.
9. **Completed Dwelling Certificate** – this includes that the buyers **MUST** bring in photo I.D. and Birth Certificates for any children.
10. **Property Survey** – Copy of survey must be submitted before C/O is issued.

House must meet Minimum Housing Standards as set forth in N.J.S.A. 40:49-5.1 and property must conform to Property Maintenance Code of the Borough of Totowa Chapter 99-9.

No Certificates shall be issued for any property with open permits, Uniform Construction Code violation or alterations performed without proper permits, or violations of Housing Ordinance No. 13-99 Apartments.

This list is not all inclusive, other repairs may be required based on inspection.

Thank you for your cooperation.

Any questions please call --973-956-7929

APPLICATION FOR CERTIFICATE

Date Received _____
Date Permit Issued _____
Control # _____
Permit # _____
Date Issued _____

IDENTIFICATION

Block _____ Lot _____
Location _____ Contractor _____
Address _____
Buyers name: _____
Current Address _____ Tel. (____) _____
Tel. (____) _____ License No. _____
Federal Employee No. _____

ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous: _____ Current _____

Sale Price: - \$ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

1 or 2 Family

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____
OWNER/AGENT

- OWNER
- AGENT

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DWELLING CERTIFICATE

PROPERTY ADDRESS _____

BLOCK _____ LOT _____

SINGLE FAMILY _____

TWO FAMILY _____

MULTIPLE FAMILY _____

CURRENT OWNER

NAME _____

ADDRESS _____

CITY & STATE _____

HOME PHONE _____ WORK OR CELL _____

NEW OWNER OR TENANT

NAME _____

CURRENT ADDRESS _____

CITY & STATE _____

HOME PHONE _____ WORK OR CELL _____

FLOOR TO BE OCCUPIED _____ DATE TO BE OCCUPIED _____

CONTACT PERSON FOR INSPECTION _____

TELEPHONE # _____

THE INSPECTION MUST PROVIDE ACCESS TO THE ENTIRE STRUCTURE & PROPERTY AS
REQUIRED BY LAW.

TO BE COMPLETED BY BUYER _____

TENANT _____

Number of Adult Occupants _____

Number of Children _____

Husband's Name _____

Name _____ Age _____

Wife's Name _____

Name _____ Age _____

Single Adults _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Relationship of Occupants _____

Name _____ Age _____

We certify that all the foregoing statements are true. We are aware that if any of the foregoing statements made by us are willfully false, we are subject to punishment.

New Buyer/Tenant

Date

Current Owner

Date

Realtor

Realtor's Name & Address (PLEASE PRINT)

Phone Number

BOROUGH OF TOTOWA

PASSAIC COUNTY, NEW JERSEY



BUREAU OF FIRE PREVENTION
537 TOTOWA ROAD
TOTOWA, N.J. 07512

FIRE BUREAU APPLICATION SMOKE DETECTOR - CARBON MONOXIDE Please Print

PROPERTY ADDRESS: _____

Block # _____, Lot # _____

Current Owner's Name and
Address: _____

Phone # _____

New Buyer's/Tenant Name and
Address: _____

Phone # _____

Number of Adults _____

Number of Children _____

Husband's Name _____

Name _____ Age _____

Wife's Name _____

Name _____ Age _____

Single Adult _____

Name _____ Age _____

Name _____ Age _____

We Certify that all the foregoing statements are true. We are aware that if any of the foregoing statements made by us are willfully false, we are subject to punishment.

Date _____ Current Owner

Date _____ New Buyer/Tenant

NO CLOSING IS TO TAKE PLACE WITHOUT THE COMPLETED CERTIFICATE OF INSPECTION!

FOR OFFICIAL USE ONLY

Cert# _____, Date Received _____

\$ _____, Check # _____

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TOTOWA WATER DEPARTMENT WATER METER COMPLIANCE APPLICATION

Homeowner Name: _____ Realtor Company: _____

Water Service Address: _____ Realtor Contact: _____

Homeowner Phone#: _____ Realtor Phone#: _____

DATE METER INSTALL NEEDED BY: _____

(DO NOT ENTER "ASAP")

This application **MUST** be submitted to the Water Department Office (Mon. - Fri., 9 am to 4:30 pm) located at 537 Totowa Road at least 2 weeks prior to closing date and/or any occupancy change.

Upon submission of this application, a site inspection will be scheduled to determine the cost of a meter upgrade (if applicable) and of curb box operation. Upon installation, a certification form for same will be completed by the Water Department.

OFFICE USE ONLY

ACCOUNT #: _____ CURRANT METER TYPE: _____

APPOINTMENT DATE: _____ METER COST: _____

**Borough of Totowa Certificate of Code Compliance – Inspection Report
Applicant Information**

Section 1

Property Address _____ Block # _____ Lot # _____

Ownership Name _____ Home Phone _____ Business Phone _____

Owner Address _____ City _____ State _____ Zip Code _____

Type and use of property (check one or more)

One Family _____ Two Family _____ Three Family _____ Commercial Residential _____

Boarding House _____ Rooming House _____

of Sleeping Rooms _____ # of Rooms _____ # of Kitchens _____ # of Baths _____

Finished Basement – Yes _____, No _____ Finished Attic – Yes _____, No _____

Signature of Owner _____

Section 2 For Use by Tax Assessor

One Family _____ Two Family _____ Three Family _____ Commercial Residential _____

Boarding House _____ Rooming House _____

of Sleeping Rooms _____ # of Rooms _____ # of Kitchens _____ # of Bath _____

Finished Basement – Yes _____, No _____ Finished Attic – Yes _____, No _____

Date of Search _____ Applicant's Statement Conforms to Property Card – Yes _____, No _____

Name of Reporting Tax Assessor _____

Comments or violations _____

Signature of Tax Officer _____

Section 3 For Use by Zoning Officer

Zone _____, Conforming use Yes _____, No _____ Non-Conforming use Yes _____, No _____

Illegal Conversion Yes _____, No _____ Legal Non-Conforming – Yes _____, No _____

Violations _____

Comments _____

Signature of Zoning Officer _____

Section 4 For Use by Housing Officer

Dwelling Certificate Received Dwelling Certificate Conforms Proof of Relationship Required
Yes _____, No _____ Yes _____, No _____ Yes _____, No _____

Violations _____

Comments _____

Signature of Housing Officer _____

Section 5 **For Use by Fire Marshall**

Smoke Detector Compliance Carbon Monoxide Detector Complies Fire Extinguisher

Yes _____ No _____ Yes _____ No _____ Yes _____ No _____

Violations _____

Comments _____

Signature of Fire Marshall _____

Section 6 **For Use by Property Maintenance Officer**

Property in Conformance House Number Visible on Home

Yes _____ No _____ Yes _____ No _____

Violations _____

Comments _____

Signature of Property Officer _____

Section 7 **For Use by Building Dept.**

Building Conforms to Plans Open Permits Date of latest C/O _____

Yes _____ No _____ Yes _____ No _____

Violations _____

Comments _____

Signature of Building Official _____

Section 8 **Identification Compliance**

Buyer's Names _____

Tenants Names _____

Photo ID Rec'd. -- Yes _____ No _____ Yes _____ No _____ Yes _____ No _____

Proof of Relationship Provided -- Yes _____ No _____

Non Conformance in any section requires approval from the C/O. Review Committee