

# 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 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 \_\_\_\_\_  
Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Owner in Fee \_\_\_\_\_ Address \_\_\_\_\_  
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 \_\_\_\_\_

FINAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

(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.)

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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.

DESCRIPTION OF WORK/USE:

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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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973-956-7929

## DWELLING CERTIFICATE

PROPERTY ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

SINGLE FAMILY \_\_\_\_\_

TWO FAMILY \_\_\_\_\_

MULITPLE 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

CHIEF OF BUREAU  
Allen Del Vecchio, Fire Official



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 OFFICAL USE ONLY**

Cert# \_\_\_\_\_, Date Received \_\_\_\_\_

\$ \_\_\_\_\_, Check # \_\_\_\_\_

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

|  |                   |                       |                        |
|--|-------------------|-----------------------|------------------------|
| <b>Section 1</b>                             |                   |                       |                        |
| <b>Property Address</b>                      | <b>Block #</b>    | <b>Lot #</b>          |                        |
| <hr/>  |                   |                       |                        |
| <b>Ownership Name</b>                        | <b>Home Phone</b> | <b>Business Phone</b> |                        |
| <hr/>  |                   |                       |                        |
| <b>Owner Address</b>                         | <b>City</b>       | <b>State</b>          | <b>Zip Code</b>        |
| <hr/>  |                   |                       |                        |
| 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 _____                     |                   |                       |                        |

|                                      |   |                                |                        |
|--------------------------------------|---|--------------------------------|------------------------|
| <b>Section 2</b>                     |   | <b>For Use by Tax Assessor</b> |                        |
| 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 _____       |   |                                |                        |

|                                   |                    |                                  |                            |    |
|-----------------------------------|--------------------|----------------------------------|----------------------------|----|
| <b>Section 3</b>                  |                    | <b>For Use by Zoning Officer</b> |                            |    |
| 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 _____ |                    |                                  |                            |    |

|                                    |                               |                                   |     |    |
|------------------------------------|-------------------------------|-----------------------------------|-----|----|
| <b>Section 4</b>                   |                               | <b>For Use by Housing Officer</b> |     |    |
| Dwelling Certificate Received      | Dwelling Certificate Conforms | Proof of Relationship Required    |     |    |
| Yes                                | No                            | Yes                               | No  |    |
|                                    | Yes                           | No                                | Yes | No |
| Violations _____                   |                               |                                   |     |    |
| Comments _____                     |                               |                                   |     |    |
| Signature of Housing Officer _____ |                               |                                   |     |    |

|                                  |                                   |                                 |  |
|----------------------------------|-----------------------------------|---------------------------------|--|
| <b>Section 5</b>                 |                                   | <b>For Use by Fire Marshall</b> |  |
| Smoke Detector Compliance        | Carbon Monoxide Detector Complies | Fire Extinguisher               |  |
| Yes _____ No _____               | Yes _____ No _____                | Yes _____ No _____              |  |
| Violations _____                 |                                   |                                 |  |
| Comments _____                   |                                   |                                 |  |
| Signature of Fire Marshall _____ |                                   |                                 |  |

|                                     |                              |  |  |
|-------------------------------------|------------------------------|--|--|
| <b>Section 6</b>                    |                              | <b>For Use by Property Maintenance Officer</b> |  |
| Property in Conformance             | House Number Visible on Home |  |  |
| Yes _____ No _____                  | Yes _____ No _____           |  |  |
| Violations _____                    |                              |  |  |
| Comments _____                      |                              |  |  |
| Signature of Property Officer _____ |                              |  |  |

|                                      |                    |                                  |  |
|--------------------------------------|--------------------|----------------------------------|--|
| <b>Section 7</b>                     |                    | <b>For Use by Building Dept.</b> |  |
| Building Conforms to Plans           | Open Permits       | Date of latest C/O _____         |  |
| Yes _____ No _____                   | Yes _____ No _____ |                                  |  |
| Violations _____                     |                    |                                  |  |
| Comments _____                       |                    |                                  |  |
| Signature of Building Official _____ |                    |                                  |  |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <b>Section 8</b>   |  | <b>Identification Compliance</b> |  |
| 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 |  |                                  |  |