



BOROUGH OF NORTHVALE
FIRE PREVENTION BUREAU
116 Paris Avenue Northvale, New Jersey 07647
Phone: 201-767-3330 Ext 213 - Fax: 201-767-9631
<https://www.northvalenj.org/>



INSTRUCTIONS FOR FILING FOR A RESIDENTIAL OCCUPANCY APPROVAL

- Submit the application after answering all questions.
- Contact this office to arrange for an appointment for the required inspections at least 21 days prior to your needing the certificate.
- Submit telephone number and name of person(s) that we may contact to gain entry for the inspection.
- Any violation of applicable codes and regulation must be abated before a certificate will be issued.

**NO CERTIFICATE WILL BE ISSUED UNTIL ALL
ITEMS HAVE PASSED INSPECTION**



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APPLICATION FOR CERTIFICATE
SMOKE DETECTOR, CARBON MONOXIDE ALARM,
AND FIRE EXTINGUISHER

Date: _____

BLOCK: _____

LOT: _____

OWNER / AUTHORIZED AGENT: _____

PROPERTY TO BE INSPECTED: _____

DATE OF CLOSING: _____

TELEPHONE #: _____

SIGNATURE OF OWNER / AUTHORIZED AGENT: _____

**NOTE: THE CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE, AND
 FIRE EXTINGUISHER WILL BE ISSUED WITH THE RESIDENTIAL OCCUPANCY
 APPROVAL.**

FEES:

ONE AND TWO FAMILY - \$75.00

APARTMENTS - \$50.00 PER APARTMENT

<p>OFFICIAL USE:</p> <p>FEE: _____</p> <p>PAID: [<input type="checkbox"/>] CHECK # _____ CASH _____</p> <p>COLLECTED BY: _____</p> <p>CERTIFICATE #: _____</p> <p>DATE: _____</p>



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APPLICATION FOR RESIDENTIAL OCCUPANCY APPROVAL

Date: _____

PROPERTY TO BE INSPECTED: _____

BLOCK: _____

LOT: _____

PROPERTY OWNER: _____

UNIT/APT #: _____

OWNER TELEPHONE #: _____

ATTORNEY: (SELLER OR TENANT) _____

ATTORNEY PHONE: _____

AGENT OR REALTOR: _____

ADDRESS & PHONE: _____

DATE OF CLOSING: _____

PURCHASER NAME: _____

PURCHASER ATTORNEY: _____

PURCHASER ATTORNEY NUMBER: _____

AREA ZONED: _____ PRESENT USE:

- _____ SINGLE FAMILY
- _____ TWO FAMILY
- _____ THREE FAMILY OR MORE
(LEGAL PROOF REQUIRED)
- _____ CONDO
- _____ CO-OP
- _____ RENTAL (# OF EXISTING UNITS)

DATE INSPECTED: _____ INSPECTED BY: _____

FEE: \$100.00

OFFICIAL USE:

PAID: [] Check # _____ Cash: _____

COLLECTED BY: _____

CERTIFICATE #: _____

DATE: _____



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**APPLICATION FOR CERTIFICATE OF SMOKE/CARBON/FIRE EXTINGUISHER
 COMPLIANCE & RESIDENTIAL OCCUPANCY APPROVAL**

**ALL QUESTIONS MUST BE COMPLETED BY THE LANDLORD OR
 LEGAL REPRESENTATIVE**

Address: _____ Block _____ Lot _____

Landlords Name: _____

Address: _____

Telephone: _____ Rental Registration number: _____

Tenants Name: _____ Date of Occupancy: _____

Others in Household

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Apartment #: _____

Please indicate rooms available in the Rental Unit:

Kitchen [] sq. ft. _____ Living Room [] sq. ft. _____ Dining Room [] sq. ft. _____

Bathroom/s [] how many _____ sq. ft. _____ Bedroom/s [] how many _____ sq. ft. _____

Other: [] Description: _____ [] sq. ft. _____

**I certify that the foregoing statements are true. I am aware that if any of the
 statements made by me are willfully false, I am subject to punishment.**

Landlord **Date**

Return this page to: Borough Clerk - \$10.00 fee



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REGISTRATION STATEMENT FOR ONE-DWELLING UNIT RENTAL OR TWO-DWELLING UNIT NON-OWNER-OCCUPIED PREMISES IN ACCORDANCE WITH NEW JERSEY STATUTE 48:8-28

Address of Dwelling: _____ Block _____ Lot _____

Total number of Dwelling Units: _____

- A. Name of Owner of Record: _____
 Name of Owner of Rental Business (if not Building Owner): _____
- B. If Owner is Corporation, Name and Address of Agent: _____
- C. If Owner does not reside or have offices in this County, give name of Authorized Agent who does have residence or office in Bergen County: _____
- D. Name and address of Managing Agent, if any: _____
- E. Name and address of Superintendent, Janitor, Custodian, or Other Individual Employed by Owner of record or Managing Agent: _____
 Apt #: _____ Telephone#: _____
- F. Name and address of Individual to be called I the event of an emergency: _____
- G. Name and address of all if any holders of mortgages on property:

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
- H. Fuel Oil/Gas Supplier: _____
 Grade of Fuel Used: _____
 Statement Prepared by: _____ Date: _____

Return this page to: Borough Clerk



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**RESIDENTIAL OCCUPANCY APPROVAL (ROA)
INFORMATION SHEET**

This information is being provided to assist in preparing for the required ROA inspection.

The following are the most common items the inspection will address but not all the items that could be cited:

1. The property is being used as zoned or approved (i.e., one family, two family, etc.).
2. There is no sump-pump or any unauthorized water connection into the sanitary sewer.
3. All open construction permits are inspected, approved, and closed.
4. Sidewalks, if installed are in good condition.
5. There is no interior double key lock on the primary exit / entrance door.
6. There is at least one handrail on stairs with 4 or more risers.
7. The general visual inspection reveals any item that could be considered hazardous or an imminent danger.
8. Pools are required to have approved pool barrier (fence) and gates that open out, self-close and latch.



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RESIDENTIAL OCCUPANCY APPROVAL GUIDELINES
SMOKE DETECTOR/CARBON MONOXIDE ALARMS/FIRE EXTINGUISHER

1. STRUCTURES WITH EXISTING INTERCONNECTED FIRE ALARMS

If structure has existing A/C 110 volt interconnected smoke alarms they shall be in working order.

If structure has existing low volt system an Alarm Technician from the service company shall be on site for an alarm test. A recent test certificate less than 30 days old may be acceptable.

Single station carbon monoxide alarms shall be installed in the immediate vicinity of all sleeping areas.

NOTE: SMOKE ALARMS OVER TEN YEARS OLD SHALL BE REPLACED.

2. STRUCTURES WITH BATTERY OPERATED SMOKE/CARBON MONOXIDE ALARMS

- On each level and outside each separate sleeping area.
- Single station carbon monoxide alarms shall be installed in the immediate vicinity of all sleeping areas.

NOTE: SMOKE ALARMS OVER TEN YEARS OLD SHALL BE REPLACED

January 2019-Ten-year sealed battery-powered single station smoke alarms shall be REPLACED and be installed and listed in accordance with ANSI/UI 217.

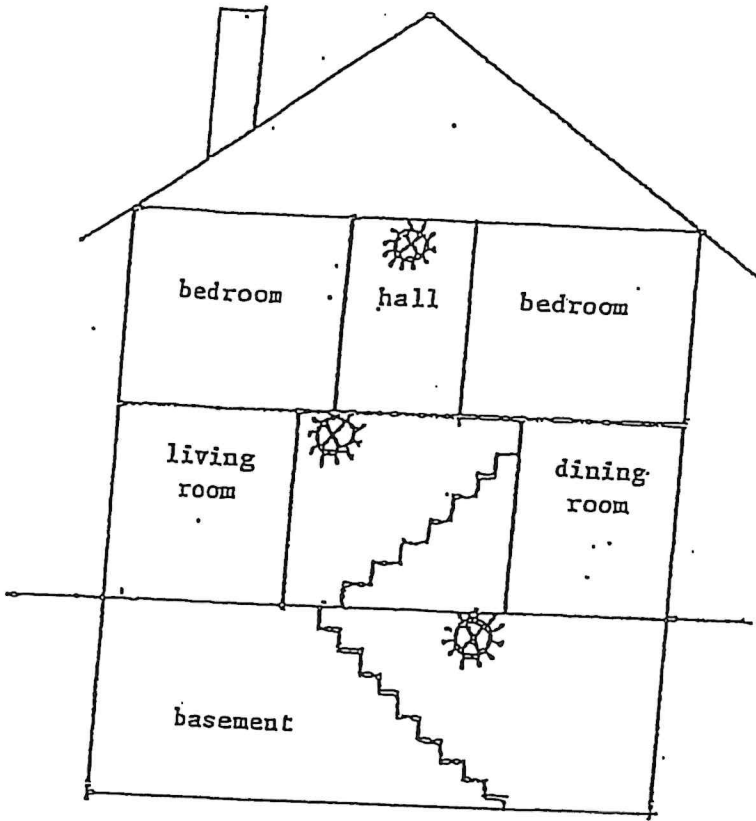
3. FIRE EXTINGUISHER

A fire extinguisher shall be an approved listed and labeled type with a minimum rating of 2A-10B:C, no more than 10 pounds and it, shall be hung at a height no more than 5 feet above the floor. The extinguishing shall be readily accessible within 10 feet of the kitchen & location in the path of egress.

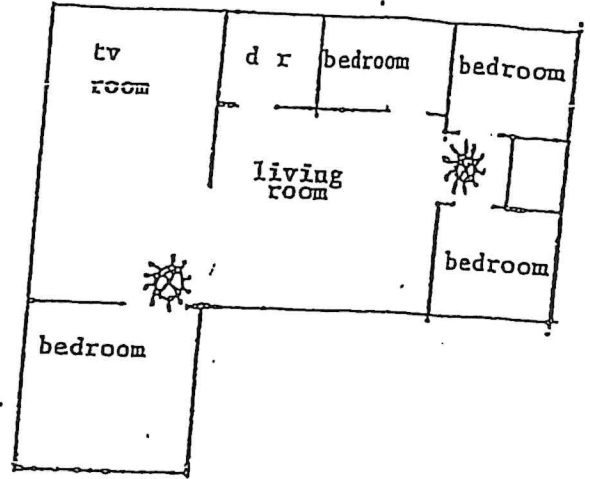
STRUCTURE ITEMS

- No sump pump shall be connected to the house sanitary sewer. It shall be properly disconnected and directed outside the structure away from neighbor.
- No front/main door shall have a lock that has a key on the interior side. Shall replace with a thumb twist to open on the interior door side.
- Any open building permits shall be closed out. Check with Building Department.
- Handrail or guards that may be required. Four risers or more for handrails / more than 30" above grade for guard.
- Pool barriers/fence code compliant. Gate to open out, self-close and latch. Latch shall be 54" height/on inside of gate or approved equal.
- Confirm Residential "USE" status.
- General condition of decks including handrails and guards.

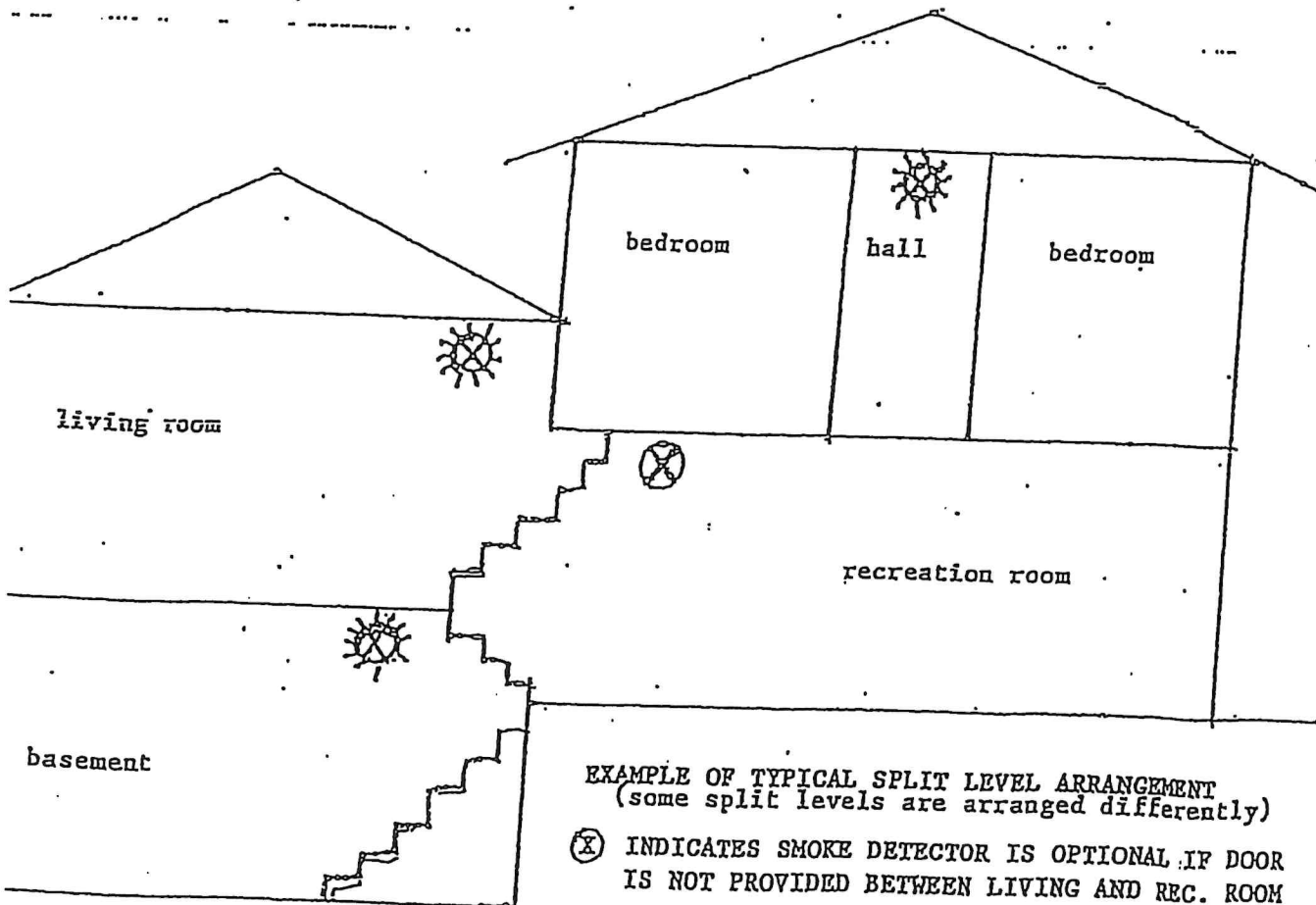
Be advised the above are only some of the common items to be addressed, other items may be cited as deemed necessary.



AT LEAST ONE SMOKE DETECTOR SHALL BE LOCATED ON EACH STORY



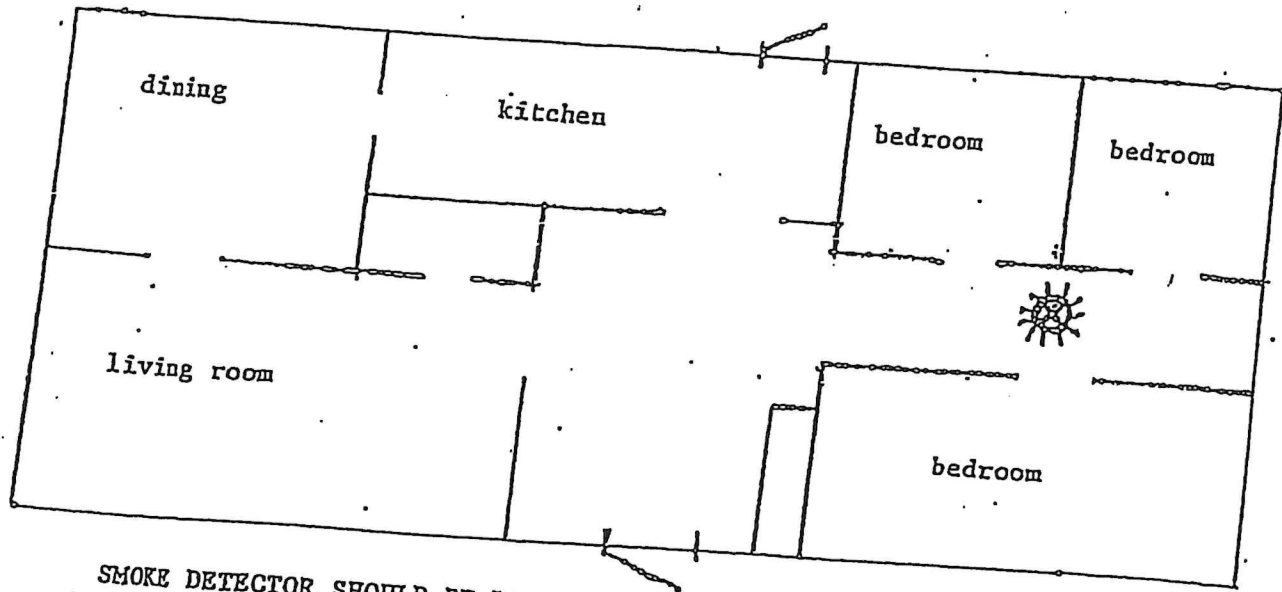
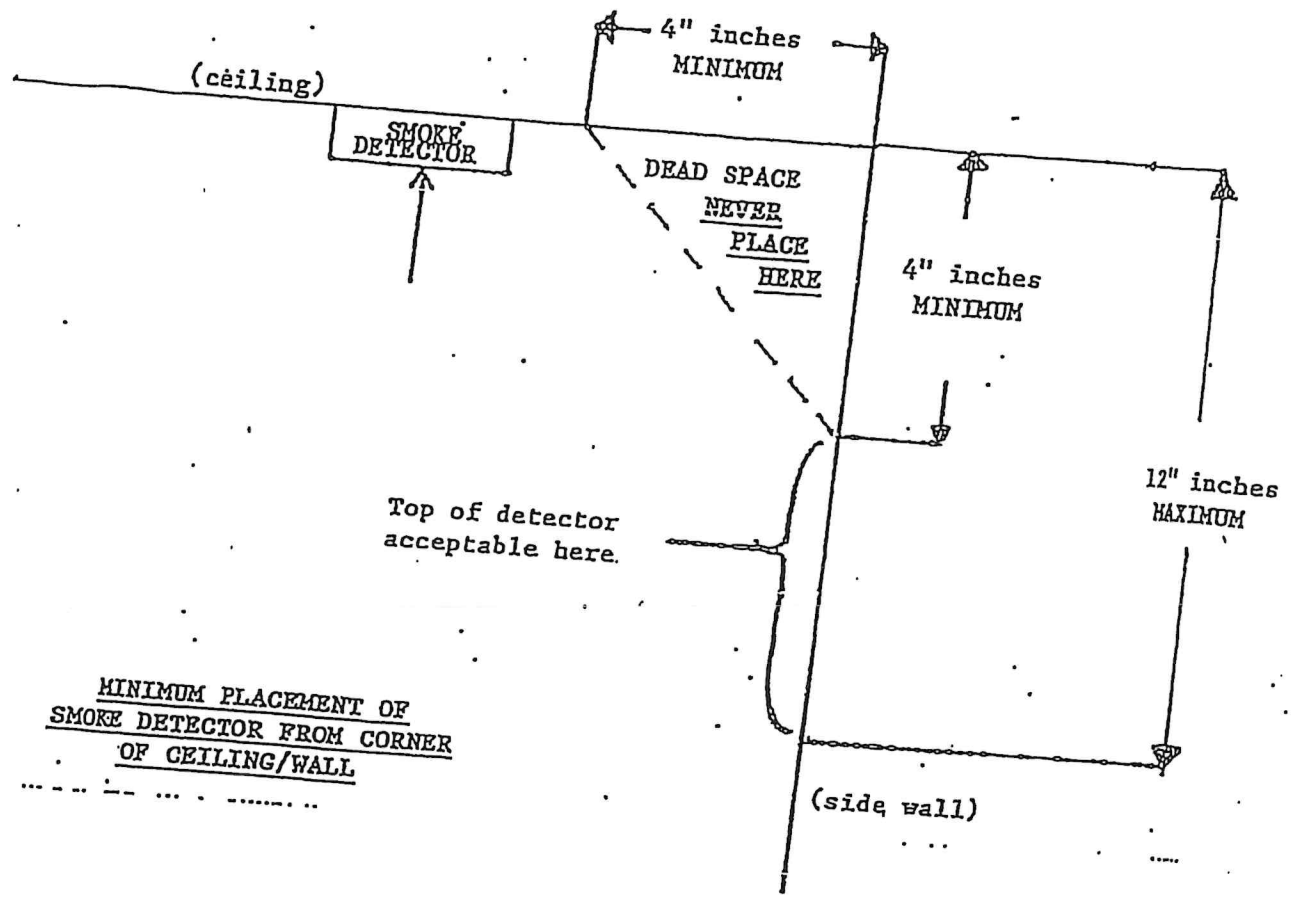
IN FAMILY LIVING UNITS WITH MORE THAN ONE SLEEPING AREA, A SMOKE DETECTOR SHALL BE PROVIDED TO PROTECT EACH AREA



EXAMPLE OF TYPICAL SPLIT LEVEL ARRANGEMENT (some split levels are arranged differently)

(X) INDICATES SMOKE DETECTOR IS OPTIONAL IF DOOR IS NOT PROVIDED BETWEEN LIVING AND REC. ROOM

SOME EXAMPLES OF SMOKE DETECTOR PLACEMENT



SMOKE DETECTOR SHOULD BE LOCATED BETWEEN THE SLEEPING AREA AND THE REST OF THE FAMILY UNIT.