TOWNSHIP OF LITTLE FALLS CODE ENFORCEMENT PASSAIC COUNTY NEW JERSEY CERTIFICATE OF COMPLIANCE

225 MAIN STREET			CERTIFICATE #	
LITTLE FALLS, NJ 07424			DATE RECEIVED	
973-256-6182			AMOUNT \$	
			CHECK #	
PROPERTY ADDRESS				
BLOCK	LOT	QUALIFICA	TION	
SINGLE FAMILY			RESALE	
TWO FAMILY			RENTAL	
MULITIPLE FAMILY				
	CURF	RENT OWNER		
NAME				
ADDRESS				
CITY & STATE	-			
HOME PHONE		_ CELL_PHONE		
	NEW OWNER C	OR TENANT CIRCLE ONE		
NAME				
OURDENIT ADDRESS				
CURRENT ADDRESS				
CITY & STATE				
		CELL DHONE		

NEW TENANT COMPLETE FORM

FLOOR TOBE OCCUPIED	DATE TO BE OCCUPIED						
CONTACT PERSON FOR INSPECTION							
FELEPHONE INSPECTION DATE & TIME							
FOR RESALE COMPLETE O	NE FORM FOR EVERY	Y APARTMENT					
NUMBER OF ADULT OCCUPANTS	NUMBER OF CH	ILDREN					
HUSBANDS NAME	NAME	AGE					
SPOUSE'S NAME	NAME	AGE					
SINGLE ADULTS	NAME	AGE					
	NAME	AGE					
RELATIONSHIP OF OCCUPANTS	NAME	AGE					
WE CERTIFY THAT ALL FORGOING STATEMENTS FORGOING STATEMENTS MADE BY US ARE WILL							
NEW TENANT / BUYER		DATE					
CURRENT OWNER		DATE					
REALTOR		DATE					
REALTOR'S NAME & ADDRESS							

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

TOWNSHIP OF LITTLE FALLS CERTIFICATION IN LIEU OF INSPECTION FOR CERTIFICATE OF SMOKE ALARM, CARBON MONOXIDE ALARM, AND PORTABLE FIRE EXTINGUISHER COMPLIANCE

Dwelling Location:	Block:	Lot:					
(not mailing address)	Street:						
	Municipality:						
	*NOTE: ALL BOXES MUST BE CHEC						
	Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl space; and						
1	[] Smoke alarm and carbon monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms						
1	All smoke alarms are in working order. Carbon monoxide alarm(s) in working order						
1	Fire extinguisher is the correct size, is properly mounted, and is located within 10 feet of the kitchen						
	This is a story dwelling		1				
An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke alarms required above shall be located in accordance with NFIPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The alarms are not required to be interconnected. Battery powered alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. The fire extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 et seq).							
Please mail certificate	e to:		Phone #:				
			-				
			Fax #:				
		Zip:	-				
Contact person:		_ Phone #:	Closing Date:				
I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.							
Sworn and subscribe	ed to before me this	_ day of	20				
Nota	ary Signature		Applicant Signature				
			Printed Name				
Note: Once issued, a Certificate is not transferable, nor is a fee refundable. If the change of occupant does not occur within 6 months, a new application shall be required.							
FOR OFFICE USE ONLY							
	Log Number:	Check Number:					

WHERE TO LOCATE ALARMS:

Alarms are to be located on every level of a residence, (basement, first floor, second floor) excluding crawl spaces and unfinished attics, and in every separate sleeping area, between sleeping areas and living areas such as the kitchen, garage, basement or utility room. In homes with only one sleeping area on one floor, an alarm is to be placed in the hallway outside each sleeping areas as shown in Figure 1. In single floor homes with two separate sleeping areas, two alarms are required, outside each sleeping areas as shown in Figure 2. In multi-level homes, alarms are to be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level alarms are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

WHERE NOT TO LOCATE ALARMS:

To avoid false alarms and/or improper operation, avoid installation of smoke alarms in the following areas:

Kitchens-smoke form cooking may cause nuisance alarm.

Bathrooms -excessive steam from a shower may cause a nuisance alarm.

Near forced air ducts-used for heating or air conditioning-air movement may prevent smoke from reaching alarm.

Near furnaces of any type-air and dust movement and normal combustion products may cause a nuisance alarm.

The 4 inch "Dead Air" space where the ceiling meets the wall, as shown in Figure 5.

The peak of an "A" frame type of ceiling-"Dead Air" at the top may prevent smoke form reaching alarm.

FURTHER INFORMATION ON ALARM PLACEMENT:

For further information about alarm placement consult the National Protection Association's Standard No. 74-1984, titled "Household Fire Warning Equipment." This publication may be obtained by writing to the Publication Sales Department, National Fire Protection Association, Batterymarch Park, Quincy, MA. 02269.

CARBON MONOXIDE ALARMS are to be located in every separate sleeping area per NFPA 720 and manufacturer's recommendations.

WHERE TO LOCATE FIRE EXTINGUISHER:

Within 10 feet of the kitchen and located in the exit or travel path; and is visible and in a readily accessible location. The top of the fire extinguisher is not more than 5 feet above the floor and is mounted using manufactures hanger or brackets. Minimum size of 2A:10B:C and weigh no more than 10 pounds, is accompanied with the owners manual or with the proper written instructions. The extinguisher is listed, labeled, charged and operable. The extinguisher must have been serviced and tagged by a contractor certified by the New Jersey Division of Fire Safety within the past 12 months or seller must provide a recent proof of purchasing receipt.

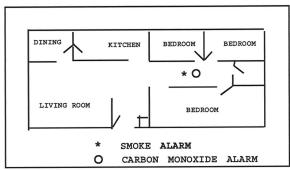


Figure 1

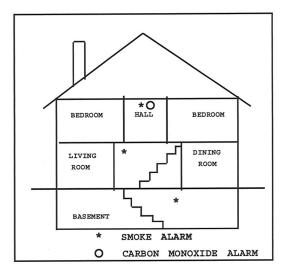


Figure 3

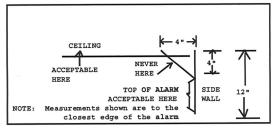


Figure 5

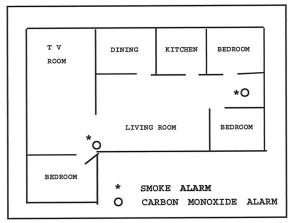


Figure 2

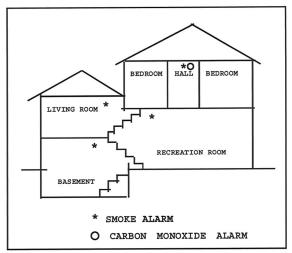


Figure 4

							_	500.05	FICIA	LUCEONIN		
APPLICATION FOR DWELLING SMOKE DETECT MONOXIDE & FIRE EXTINGUISHER CERTIF			JALL					FOR OFFICIAL USE ONLY				
			RENTAL					\$:		CK #:		
LITTLE FALLS FIRE PREVENTION BUREAU • 225 M PHONE: 973-890-4524 • FA			NJ 0/42	24								
1. PROPERTY ADDRESS:	UNIT #:	BLOCK #:	LC)T#:		QUALIFIE	R	INSPECTION DAT	E:			
CURRENT OWNER'S NAME:		NEW BUY	/FR'S	NAME								
COMMENT OWNER O TANGLE		1,42,4 001	, = ()	17 11VIL	•							
ADDRESS:		ADDRESS:										
CITY/STATE/ZIP:		CITY/STATE/ZIP:										
HOME PHONE:		HOME PHONE:										
REALTOR®/LAWYER'S NAME: ADDRESS:			HONE:				LOSIN	g date/oc	CUPA	NCY DATE:		
MUST PROVIDE ACCESS TO DWELLING UN	IIT, BASEME	NT, ATTIC	AND	COM	MON	AREA	'S AS I	REQUIRED	BYL	AW		
2. WHO WILL BE RESIDING IN THE HOME-												
ADULTS						CH	HILDRE	N				
NAME:		NAME:										
NAME:										AN AN ANALYSIS AND ANALYSIS ANA		
NAME:	NAME:											
NAME:			NAME:									
NAME:			NAME:									
NAME:		NAME:										
LIST ADDIT	IONAL NAME	ES AT BOTT	гом (SECTO)N 5)					and the second s		
3. NUMBER OF DWELLING UNITS IN STRUCTURE: MIXED USE: TYEE	ES [NO											
4. WE CERTIFY THAT ALL THE FOREGOING STATEMENTS BY US ARE WILLFU								REGOING S	STATE	EMENTS MADE		
DATE: / /		DATE:	/	/								
CURRENT OWNER'S SIGNAT	TURE	***************************************			NEW B	BUYER	R'S OR	TENANT'S S	IGNA	TURE		
NO CLOSING SHALL TAKE PLACE WI	THOUT	THE CO	MPL	ETE.	D CE	ERT	IFICA	ATE OF I	NSI	PECTION		
5. ADDITIONAL TENANT NAMES AND FLOOR LOCATION	١:											
ADULTS		CH	HILDR	EN								
	THE COLUMN ASSESSMENT OF THE COLUMN ASSESSMENT											

					-							
				-								