



Borough of Little Ferry

215-217 LIBERTY STREET • LITTLE FERRY, NJ 07643
201-641-9234 201-641-1957 FAX
www.littleferrynj.org

COMMERCIAL

Application for a RENTAL/RESALE Certificate of Compliance (CCO) Borough Ordinance No. 1605-19-23 Ordinance No.1272-04-09

DATE: _____

PROPERTY ADDRESS: _____ UNIT / SUITE # _____

BLOCK: _____ LOT: _____ YEAR BUILT: _____ OWNER OCCUPIED: YES _____ NO _____

Check one: Resale: _____ Rental: _____ **Commercial:** _____ Residential/Commercial: _____

PROPERTY OWNER _____

PROPERTY OWNER'S ADDRESS (MAILING/RESIDING): _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

BUYER /TENANT NAME: _____ E-MAIL _____ TELEPHONE: _____

CONTACT NAME FOR INSPECTION: _____ PHONE: _____

REQUIREMENTS: HOURS OF OPERATION: _____ # OF EMPLOYEES _____ EMAIL: _____

- Submit a check payable to the Borough of Little Ferry for \$150/unit for Commercial, Inspections that fail are subject to additional fees.
- Include the name and telephone number of the contact person responsible for meeting the inspector.
- All pages of information on the application shall be read and filled out completely.
- All requirements on the CCO Affidavit pertaining to the unit/building being inspected shall be complied with.
- No one is permitted to occupy the premises prior to approval from the Building Department.
- A CCO will only be issued once all open building permits are closed; and all taxes, penalties and/or fees due to the Borough are paid.

I have read the requirements for obtaining a Certificate of Compliance and fully understand and agree to comply with the requirements.

Printed Name of Property Owner/Tenant

Property Owner's / Tenant Telephone Number

Signature of Property Owner/Tenant

Property Owner's/ Tenant E-Mail Address

FOR OFFICE USE ONLY: CCO# _____ PAID: CHECK #: _____ CASH: _____

INSPECTION DATE SCHEDULED: _____ TIME: _____



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Smoke/Carbon Dioxide (CO) Detectors / Fire Door / Fire Extinguisher Requirements

1.) SMOKE DETECTORS SHALL BE LOCATED:

- If constructed prior to 1977 - on each level of dwelling and within 10 feet of sleeping areas. Detectors may be battery powered provided they utilize a 10-year sealed battery.
- If constructed between 1977 and 1983 - 110V Smoke Detector in the basement, and within 10 feet of all sleeping rooms. No interconnection or battery back-up required; however, battery backup is strongly recommended. Battery operated smoke detection is required on all other levels and shall utilize only 10-year sealed battery detectors.
- If constructed between 1984 and 1989 - 110V Smoke Detector on each level of dwelling, and within 10 feet of all sleeping rooms. All smoke detectors shall be interconnected. Battery back-up is not required but is strongly recommended.
- If constructed between 1990 and 1992 - 110V Smoke Detector with battery back-up located on each level of the structure, inside of each sleeping room, and within 10 feet outside of sleeping rooms. All smoke detectors shall be interconnected. Battery back-up is required unless the building is fully sprinklered. Nevertheless, battery back-up is strongly recommended.
- If constructed between 1993 and 1999 - 110V Smoke Detectors with battery back-up located on each level of the structure, inside of each sleeping room, and within 10 feet outside of sleeping rooms. All smoke detectors are to be interconnected. Smoke detection is not required in bedrooms if building is fully sprinklered. Battery back-up is not required if the building is fully sprinklered. Nevertheless, battery back-up is strongly recommended.
- If constructed between 2000 and present - 110V Smoke Detectors with battery back-up located on each level of the structure, inside all sleeping rooms, and within 10 feet outside of sleeping rooms. All smoke detectors are to be interconnected. (Note: There are no battery back-up exemptions for a fully sprinklered building.)

Notes:



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1. All Smoke Detectors with a manufacture date greater than 10 years must be replaced.

○ **Detector Date of Manufacture (located on back of detector):** _____

- All battery-operated smoke detectors shall be of the 10-year sealed battery type.
- Smoke Detectors shall be installed securely at the highest point of the ceiling or, for level ceilings, may be installed on a wall between 4 and 12 inches below the ceiling.
- Smoke Detector operation shall be tested monthly. Backup batteries in 110V detectors shall be changed once a year to assure proper operation.

2. CARBON MONOXIDE DETECTORS SHALL BE LOCATED:

- Within 10 Feet of all sleeping areas.
- On every level of the dwelling.
- Immediately outside of any room containing a fuel-burning appliance.
- In close proximity to the entrance of an attached garage.

Notes:

All Carbon Monoxide Detectors with a manufacture date greater than 5 years shall be replaced unless the manufacturer's literature allows for a longer period. In that case, submit the manufacturer's literature with this affidavit.

Detector Date of Manufacture (located on back of detector): _____

Carbon monoxide detection that is part of a combination smoke/carbon monoxide detector with a 10-year sealed battery is good for 10 years from date of manufacture.

3. APARTMENT ENTRY DOORS:

- All doors separating dwelling units from common hallways shall be self-closing and self-latching. Check operation by opening the door halfway and verifying that the door fully closes and latches on its own.
- Double-keyed cylinder deadbolt locks are prohibited on egress doors.

4. FIRE EXTINGUISHERS:

- One- and two- family homes and where applicable some garden-style apartment complexes shall have an approved listed-type ABC fire extinguisher with a minimum rating of 2A:10B:C within 10 feet of the kitchen.
- The extinguisher shall be mounted using the manufacturer's hanging bracket with the top of the extinguisher not more than five (5) feet above the floor and readily accessible and not obstructed.



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Smoke/Carbon Monoxide (CO) Detectors / Fire Door / Fire Extinguisher Affidavit

BUILDING NAME (IF APPLICABLE): _____

ADDRESS: _____

APARTMENT NO (IF APPLICABLE).: _____ PHONE: _____

Please Check One: Owner: _____ Management: _____

Note: This form must be completed by the OWNER or BUILDING MANAGEMENT. Realtors are prohibited from filling out this form.

=====

As the liable party of the property, I have read and fully understand the requirements for obtaining a Certificate of Compliance (CCO). The Smoke Detectors, Carbon Monoxide Detectors, Fire Doors and Fire Extinguishers are operational and installed as per code, as required for the type of property being applied for.

Printed Name of Owner or Rental Management
Completing Affidavit

Telephone Number

Signature

Date



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Application for Certificate of Compliance (CCO)

Addendum for Lead-Based Paint Hazards

New Jersey Public Law 2021, c.182

*** Complete this form ONLY if the YEAR BUILT for the premises is prior to 1978 and is a Rental Unit ***

PROPERTY ADDRESS: _____

1. Has the property/dwelling been previously certified to be free of lead-based paint pursuant to N.J.A.C. 5:17-3.6(b) either after an abatement was completed or an evaluation confirmed there is no lead-based paint in the dwelling?

YES _____ NO _____

If YES, submit a certification form from a certified lead evaluation firm.

2. FOR MULTIPLE DWELLINGS ONLY (3 or more dwelling units): Has the property been registered with the Department of Community Affairs for at least 10 years with no outstanding paint violations from the most recent cyclical inspection performed pursuant to N.J.S.A. 55:13A-1? YES _____ NO _____

If YES, the information will be verified by Little Ferry Code Enforcement.

3. Has the property/dwelling been issued a valid lead-safe certificate issued pursuant to P.L. 2021, c.182? Lead-safe certificates are valid for two years from the date of issuance.

YES _____ NO _____

If YES, submit the valid lead-safe certificate.

If you have answered NO to all the questions above or are unable to provide valid documentation, a Lead-Based Paint Hazard (LPH) inspection must be performed.

The Little Ferry Code Enforcement will conduct the LPH inspection; however, in accordance with P.L. 2021, c.182, the owner/landlord may directly hire an NJ certified lead evaluation contractor.

CHOOSE ONE OF THE FOLLOWING:

_____ I opt to have the required LPH inspection performed by the Little Ferry Code enforcement inspector. The fee for this inspection is \$150 (in addition to the fee for the COC).

_____ I opt to directly hire an NJ certified lead evaluation contractor and will provide a lead-safe certificate to the Little Ferry Building Department. A 15% administrative fee will be charged for choosing this option.

Signature of Property Owner: _____



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Property Owner Fire Safety Registration for Non-Owner-Occupied Dwellings (for Rentals ONLY)

This form is to be filled out with emergency contacts for the OWNER of the property when it's being occupied as a RENTAL. (This should not be the owner's information or the Tenant's Information!)

If at any time any of these names change, you are required to contact this office and provide the new information.

PROPERTY ADDRESS: _____ APT/UNIT NO.: _____

NAME #1: _____

CELL PHONE: _____

NAME #2: _____

CELL PHONE: _____

NAME #3: _____

CELL PHONE: _____



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**IT IS IMPERATIVE THAT YOU SEE THE TAX OFFICE TO ENSURE THAT
TAXES ARE CURRENT**

PROPERTY OWNER: _____

ADDRESS _____

BLOCK _____ **LOT** _____ **QUAL NO.** _____

TAXES ARE CURRENT AS OF _____

TAX CLERK _____

ANNA MOROLLA



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OFFICIAL USE ONLY

THIS IS TO CERTIFY THAT THER ARE:

DATE: _____.

OPEN PERMITS _____.

NO OPEN PERMITS _____.

BLOCK _____ LOT _____.

FOR THE FOLLOWING ADDRESS _____.

Keith Dalton
Construction Official



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Insurance Registry Form

As of August 5, 2022, S-1368 requires all business owners and owners of rental units to annually register a certificate of insurance with the municipality where the business or rental unit is located.

Please complete and return this form to comply with this law.

Owner Information

Last Name _____ First Name _____

Email _____

Mailing Address _____

Phone _____

Business/ Rental Unit Information

Property Location _____

Block _____ Lot _____ Qualifier _____

Owner Name _____

Owner Address _____

Owner City _____

Owner Zip Code _____

Number of Units _____

Is the Property Owner Occupied?

Yes _____ No _____

Property Type _____

Insurance Information

Insurance Provider _____

Date of expiration _____

Attach a copy of the Insurance Certificate _____

Signature _____ Date _____



Borough of Little Ferry

BUREAU OF FIRE PREVENTION

215-217 LIBERTY STREET • LITTLE FERRY, N.J. 07643
(201) 807-9353 • FAX (201) 807-9838



FIREPREVENTION@LITTLEFERRYNJ.ORG

NEW BUSINESS REGISTRATION FORM

(BOTH SIDES OF FORM TO BE COMPLETED IN ITS ENTIRITY)

BUILDING OWNER INFORMATION:

1. Building Owners Name:
2. Building Owners Complete Home Address:
3. Building Owners Phone Number:
4. Building Owners Email Address:

BUSINESS INFORMATION:

1. Business Name:
2. Business Address:
3. Phone Number:
4. Type of Business:
5. Square Footage:
6. Federal ID Number:
7. Business Type (LLC, Corporation, ETC.)

BUSINESS OWNER INFORMATION:

1. Business Owners Name:
2. Business Owners Complete Home Address:
3. Business Owners Phone Number:
4. Business Owners Email Address:

EMERGENCY CONTACTS CAN BE 1,2, OR 3 PRIORITY SHOULD BE GIVEN TO CLOSEST CONTACT TO BUSINESS

- | | |
|---|---|
| Emergency Contact #1 Name: <input type="text"/> | Emergency Contact #1 Cell: <input type="text"/> |
| Emergency Contact #2 Name: <input type="text"/> | Emergency Contact #2 Cell: <input type="text"/> |
| Emergency Contact #3 Name: <input type="text"/> | Emergency Contact #3 Cell: <input type="text"/> |

BUSINESS DESCRIPTION:



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FIREPREVENTION@LITTLEFERRYNJ.ORG

NEW BUSINESS REGISTRATION FORM

(BOTH SIDES OF FORM ARE TO BE COMPLETED IN ITS ENTIRITY)

OTHER INFORMATION:

1. Certificate of Occupancy Date: (If you do not have a current one then one must be received from the building department prior to a fire inspection being conducted.)

2. Suppression System Type (if applicable): ☐ Fire Sprinkler System ☐ Cooking Protected

☐ Fire Extinguishers ☐ Smoke Detectors - Hard Wired ☐ Smoke Detectors- Battery ☐ Heat Detectors

☐ Manual Pull Alarms ☐ Carbon Monoxide ☐ Duct Detectors

3. Fire Alarm Monitoring Company Name (if applicable):

Fire Alarm Monitoring Company Phone Number (if applicable):

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to a penalty. I am an authorized to complete this application on behalf of the stated business.

Signature of Owner or
Agent Completing Application: _____

Date:

Printed Name of Owner or
Agent Completing Application:

Date:

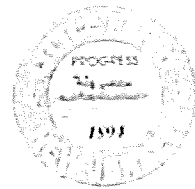
NOTE: Please keep a copy of this form for your records and submit updates to the Bureau of Fire Prevention as needed.



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NEW BUSINESS REGISTRATION FORM LIFE HAZARD USAGE SUPPLEMENT

(FORM TO BE COMPLETED IN ITS ENTIRITY)

Application Type

New Tenant ☐

New Owner ☐

Other:

1. Block: Lot: 2. Federal Employee ID#

3. Building Construction Date: Pre 1977 ☐ Post 1977 ☐

4. Type of Ownership: Corporation ☐ , Private/Individual ☐ , Partnership ☐ ,
Condominium ☐ , Corporation ☐ , LLC ☐

5. Type of Business/Building: Agriculture ☐ , Assembly ☐ , Child/Day Care ☐ ,
Combustible ☐ , Eating/Drinking ☐ , Explosive ☐ , Flammable ☐ ,
Fuel ☐ , Highrise ☐ , Institutional ☐ , Lodging ☐ , Manufacturing ☐ , Motor
Repair ☐ , Recreational ☐ , Retail/Mercantile ☐ , School ☐ , Spraying/Dipping ☐
Storage/Warehouse ☐ , Welding ☐

6. Building Construction Type: Concrete ☐ , Steel ☐ , Wood ☐ , Other

7. Roof Construction Type: Concrete ☐ , Metal ☐ , Wood ☐ , Other

8. Roof Truss Type (If Applicable): Wood ☐ , Metal ☐ , Steel Bar Joist ☐
Other N/A

9. Floor Truss Type (If Applicable): Wood ☐ , Metal ☐ , Steel Bar Joist ☐
Other N/A ☐

10. Roof Covering: Shingle ☐ , Tar ☐ , Metal ☐ , Rubber ☐ , Slate ☐ , Wood Shingle ☐
Other

11. Number of Roof Hatches: 12. Number of Skylights:

13. Number of Floors Above Ground:

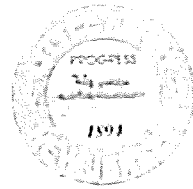
14. Number of Floors Below Ground:



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NEW BUSINESS REGISTRATION FORM LIFE HAZARD USAGE SUPPLEMENT

(FORM TO BE COMPLETED IN ITS ENTIRITY)

15. Building Height: Ft. 16. Building Square Footage Sq. Ft.

17. Building Heat Fuel Source: Electric ☐, Natural Gas ☐, Oil ☐, Propane ☐,
Other:

18. Building Heat Type: Forced Air ☐, Hot Water ☐, Radiant ☐, Steam ☐,
Other:

19. Backup Power Source: Yes ☐, No ☐

20. Powers: Entire Building ☐, Partial Building ☐

21. Solar Panels: Yes ☐, No ☐

22. Occupancy Load:

23. Occupant Move in Date:

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to penalty. I am an authorized to complete this application on behalf of the stated business.

Signature of Owner or
Agent Completing Application: _____ Date:

Printed Name of Owner or
Agent Completing Application: Date:

**NOTE: Please keep a copy of this form for your records
and submit updates to the Bureau of Fire Prevention as
needed.**



Borough of Little Ferry POLICE DEPARTMENT



JAMES WALTERS
CHIEF OF POLICE

COUNTY OF BERGEN
215-217 LIBERTY STREET
LITTLE FERRY, NJ 07643-1507

INCORPORATED 1894

PHONE (201) 641-2770 – FAX (201) 641-4828
PoliceDepartment@littleferrypd.org

The Little Ferry Police Department is requesting that you fill out the necessary information listed below. This information is required on a yearly basis as per Borough Ordinance, and fines will be issued if it is not completed. This information will be kept confidential and on file at police headquarters in the event of an emergency after normal business hours. In the event of ANY changes at any time during the year, you must contact the Police Department with the updated information. Please fill out one copy and return it to the Police Department. If you need to make additional copies for changes, feel free to do so or you can obtain them from the Police Department

☐ Yes ☐ No Does your business or home have a video surveillance device on the exterior of the building, and if so would you be willing to share this information to assist in an investigation. This is for your Your safety and is on a volunteer basis.

Please Print or Type All Information Clearly

Resident/Business Name _____

Little Ferry Address _____

Telephone #(_____) _____ - _____ Fax(_____) _____ - _____

Emergency Contacts

Contact #1 Name _____

Address _____

Telephone #(_____) _____ - _____

Contact #2 Name _____

Address _____

Telephone #(_____) _____ - _____

Turn over for more Contacts

Revised: 10/8/2019

Date Received ____/____/____

Date Entered in Bus. File ____/____/____

TO BE COMPLETED BY PROPERTY
OWNER / TENANT



Please register your emergency contact information for your Business/Residence online at parkingrequest.com . Register under Key Holder information with valid email address