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

Application for a Certificate of RESALE

Borough Ordinance No. 1605-19-23
Ordinance No.1272-04-09

DATE: _____

PROPERTY ADDRESS: _____ APT/UNIT NO.: _____

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

Check one: 1 Family: ____ 2 Family: ____ 3 Family: ___ 4+ Family: ___ Condo: ___ Townhouse: _____

Resale: _____ CLOSING DATE: _____

PROPERTY OWNER: _____

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

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

BUYERS NAME: _____ TELEPHONE: _____ EMAIL: _____

CLOSING DATE: _____

CONTACT NAME FOR INSPECTION: _____ PHONE: _____

- Submit a check payable to the Borough of Little Ferry for $100/unit for Resale, 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 Property Owner's / Telephone Number

_____ _____
Signature of Property Owner Property Owner's E-Mail Address

FOR OFFICE USE ONLY: CCO _____ PAID: CHECK/MONEY ORDER#: _____ AMOUNT: _____

INSPECTION DATE SCHEDULED: _____ TIME: _____

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CERTIFICATE IN LIEU OF OATH

I, _____ am Eighteen (18) years of age or older and do solemnly affirm and say:

I will own and exercise control over the premises located at _____ located within the Borough of Little Ferry, County of Bergen and State of New Jersey.

As of this date _____ the said premises contains no more than one dwelling unit occupied or intended to be occupied by persons living independently of each other, le: Single Family Home.

If this structure holds more than one dwelling unit you are to indicate the number of units, names and address of all occupants.
Borough Code 35-122.2 Short-term Rental Property Prohibited uses i.e.., Airbnb, VRBO, etc. (No residential premises, including dwelling houses, apartments, rooming houses or boarding houses or any parts thereof or rooms therein, except duly licensed hotels and motels, shall be rented or let for occupancy by any person or persons for a period or term of less than 180 days, notwithstanding.)

I shall notify the Construction Department of the Borough of Little Ferry in the event of a proposed rental of any portion of this single-family home, proposed conversion to two or more dwelling units. I understand and accept that failure to notify this agency upon such change will subject me to legal penalty as prescribed in the Ordinance No.(s) (1197-06-06, 1198-07-06 & 1100-08-06) of the Borough of Little Ferry Codes. I acknowledge that no area of the basement shall be used as a dwelling or sleeping area.

I hereby certify that all statements herein made by me are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to legal action.

Buyer's Signature

_____
Print Name

_____
Address if different than above

State of _____

County of _____

Sworn to and subscribed before me this

_____ (day) of _____, 20__

_____
NOTARY PUBLIC

Any person who violates or causes to violate any provisions of the Borough of Little Ferry Zoning Ordinance(s), shall be liable to pay a penalty of not less than $250.00 nor more than $2,500.00 per day for each day of continuing violation or a confinement to not more than ninety (90) days in jail or both for each of the summons issued. Each day a violation continues, beyond the date fixed for compliance in the notice provided for herein, shall be a new and separate violation of this section.

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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.

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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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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

Borough of Little Ferry
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OFFICIAL USE ONLY

THIS IS TO CERTIFY THAT THERE ARE:

DATE: _____.

OPEN PERMITS _____.

NO OPEN PERMITS _____.

BLOCK _____ LOT _____.

FOR THE FOLLOWING ADDRESS _____.

Keith Dalton
Construction Official

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 *(BUYER)*

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

WHERE TO LOCATE DETECTORS:

Detectors 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, a detector is to be placed in the hallway outside the bedrooms as shown in: Figure 1. In single floor homes with two separate sleeping areas, two detectors are required, outside each sleeping area as shown in Figure 2. In multi-level homes, detectors are to be located outside sleeping areas and at every finished level of the homes as shown in Figure 3. Basement level detectors are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

WHERE NOT TO LOCATE DETECTORS

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

Kitchens-smoke from cooking may cause a nuisance alarm.
Bathrooms-excessive steam from a shower may cause a nuisance alarm.
Heat forced air ducts-used for heating or air-movement may prevent smoke from reaching detector.
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 from reaching detector.

FURTHER INFORMATION ON DETECTOR PLACEMENT:

For further information about smoke detector placement consult the National Protection Association's Standard No. 74-1984, titled "Household Fire Warning Equipment". For Carbon Monoxide alarms, their publication is Recommended Practice #720. These publications 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.

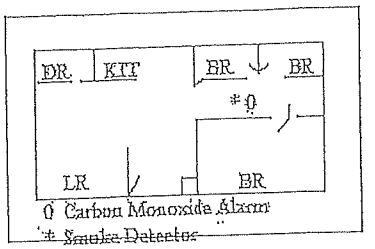

Figure 1

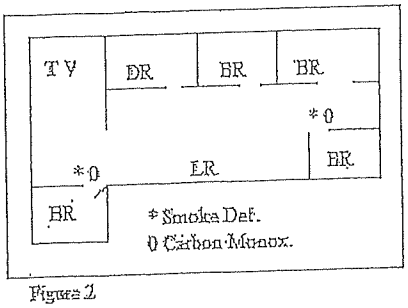

Figure 2

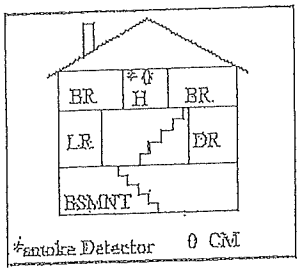

Figure 3

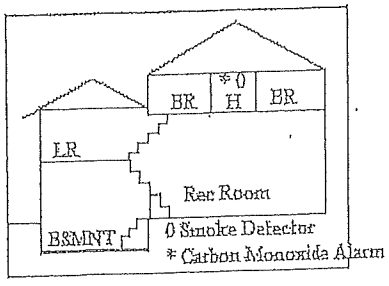

Figure 4

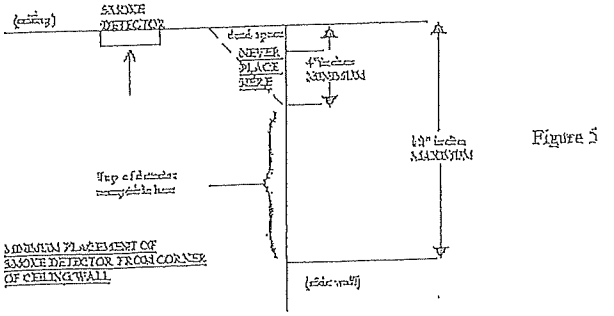

Figure 5

An Ounce of Prevention

Here are some steps you can take to protect yourself and your family:

- Have home furnaces and heating systems professionally inspected annually.
- Have the chimney and flue cleaned professionally.
- Open flues when fireplaces are in use
- Use proper fuel in kerosene space heaters.
- Make sure burner flames on furnaces and stoves are blue – not yellow-orange.
- Ensure that appliances such as gas dryers are properly vented.
- Never run an automobile in an attached garage or a gas engine in any enclosed space.
- Discourage or prohibit smoking indoors.
- Consider installing a carbon monoxide detector that meets the amended UL (Underwriters Laboratories) standard 2034, effective October 1, 1995. (Underwriters Laboratories has a set standard (UL 2034) that calls for a detector to sound the alarm before a person would experience a blood concentration of 10% carboxyhemoglobin. Cigarette smoking typically causes a level of about 9%.)

If you suffer from dizziness, nausea, fatigue, and headaches while you are home and feel better when you go out you may have CO poisoning. See a doctor and get a carboxyhemoglobin test to determine the percentage of carbon monoxide in your blood.

If you would like more information, there are several consumer hotlines established to address CO questions:

- The American Sensor's *Healthy Home* Hotline (800/387-4291)
- Local chapters of the American Lung Association (800/LUNG-USA)
- The Consumer Product Safety Commission (800/638-CPSC)

Information provided by American Sensors, the American Lung Association, and the national Association of Counties