

FIRE PREVENTION BUREAU

Borough of Upper Saddle River

County of Bergen
State of New Jersey

INCORPORATED 1894

376 West Saddle River Road • Upper Saddle River, NJ 07458

Tel: 201-327-4343

APPLICATION FOR CERTIFICATE OF COMPLIANCE
RESIDENTIAL SMOKE DETECTOR, CARBON MONOXIDE DETECTOR & FIRE EXTINGUISHER

Form containing fields for Seller's/Landlord's Name, Dwelling Address, Type of transaction, Seller's Attorney Name, Buyer's/Occupant's Name, and Type of primary fire alarm system (check one).

ALL RENTAL PROPERTIES MUST USE A LICENSED-APPROVED CONTRACTOR REGARDLESS OF TYPE OF ALARM SYSTEM.

Seller's/Landlord's Signature: (Date of Application)

SUMMARY OF REQUIREMENTS: SEE PAGE 5 FOR FURTHER INFORMATION ON DETECTOR LOCATIONS

- Smoke detectors are located on each level of the dwelling, including the basement, and on all levels separated by three or more steps.
Detectors located at the top of a basement stairwell are not acceptable.
Unfinished attic(s) and crawl spaces are excluded and do not require detectors.
Hard wired systems must be maintained in proper working order.
Battery operated smoke detectors cannot be substituted for in place hard wired systems.
Wireless fire alarm systems are not permitted unless each detector is individually powered by both a dedicated household circuit and a battery backup.
Smoke and carbon monoxide detectors are located within ten feet of each separate sleeping area.
Smoke detectors with individual batteries must replace the batteries with new batteries.
All detectors are in proper working order and audible throughout the dwelling.
All smoke detectors cannot be in service longer than ten (10) years.
All carbon monoxide detectors cannot be in service longer than five (5) years.
A fire extinguisher rated for 2A 10BC, no more than 10 lbs. is mounted within ten feet of kitchen.

FEE: \$75.00 (payable when completed application is filed)
Payable to: BOROUGH OF UPPER SADDLE RIVER
Structures being demolished - fee will be waived upon the completion of a "Certificate of Compliance Waiver" form.

INSPECTOR'S NOTATIONS
Smoke Detector Type: ___ Battery ___ A/C Electric ___ Low Voltage
Carbon Monoxide Type: ___ Battery ___ A/C Electric ___ Low Voltage
Fire Extinguisher: Present Location:
House Construction Type: ___ Ranch ___ Two Story ___ Split ___ Contemporary
INSPECTION APPOINTMENT: Check # DATE: TIME: AM/PM

CERTIFICATE OF COMPLIANCE
Borough CO Ref. #
I, Fire Inspector for the Borough of Upper Saddle River, New Jersey conducted a functional inspection at the above referenced residential dwelling and found it to be in full compliance with the New Jersey Fire Safety Code N.J.A.C. 5:70-2.3 and N.J.S.A 52:27D-198.1.
UPPER SADDLE RIVER FIRE PREVENTION BUREAU
H. TERRY FERBER, FIRE OFFICIAL/MARSHAL
(Inspector's signature) (Date) (NJDFS License #)

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Residential Smoke Detector, Carbon Monoxide Detector & Fire Extinguisher
“Certificate of Compliance” Application Instructions

- 1) **Read, understand and fully complete the application:** Answer all sections pertaining to your dwelling and fire alarm system. Any missing documents or incomplete sections may result in a delay in the functional inspection conducted by the Upper Saddle River Fire Prevention Bureau which could affect your closing date.

- 2) **Attach a written fire alarm inspection report to the application:**
 - a. **All hard wired fire alarm systems:** A licensed or approved contractor must complete the attached “Contractor’s Residential Fire Alarm & Carbon Monoxide Inspection Report” (on page 4).
If the fire alarm system is 110 volt hard wired system, a New Jersey licensed electrical contractor must complete the form.
 - b. **Individual battery operated smoke detector system:** A homeowner may complete and sign the attached “Homeowner’s Residential Fire Alarm, Carbon Monoxide & Fire Extinguisher Statement” (on page 3) as a written fire alarm inspection report. Make sure each box is checked, and initialed, as the inspection is completed. If unsure of the age of the detectors - replace them.
 - c. **All residential rental properties:** Rental properties must submit the “Contractor’s Residential Fire Alarm & Carbon Monoxide Inspection Report” (page 4) from a licensed or approved contractor.

- 3) **Pursuant to N.J.S.A. 46:8-28 and 46:8-29** landlords are required to register residential rental properties with the Borough of Upper Saddle River and distribute a copy to their tenant. Rental properties must include a copy of the “Landlord Identity Registration Statement” (on pages 7 & 8) with this application.

- 4) **A check for \$ 75.00 payable to the “Borough of Upper Saddle River”.**

- 5) **Submit:** The Application, Inspection Report, Landlord Identity Registration Statement (if required) and Check should be left with Barbara Van De Ree at Borough Hall, 376 West Saddle River Road, Upper Saddle River, NJ - 201-327-2196 ext-231.

Once we receive the completed application along with the required documentation and a \$ 75.00 check, we will contact you via telephone to arrange for an inspection appointment.

Allow sufficient time prior to your closing date to gather the required documents, schedule the functional USRFPB inspection and to allow additional time should the system require repairs or changes.

UPPER SADDLE RIVER FIRE PREVENTION BUREAU

H. Terry Ferber, Fire Official/Marshal

HOMEOWNER'S STATEMENT – FOR INDIVIDUAL BATTERY OPERATED SMOKE DETECTORS

RENTAL PROPERTIES MUST USE AN APPROVED CONTRACTOR TO INSPECT THE SYSTEM

Homeowner's Residential Fire Alarm, Carbon Monoxide & Fire Extinguisher Statement

I, _____, on _____, certify that I/we are the owner(s) of the dwelling located at, _____ (print dwelling owner's name(s)) _____ (date) _____ (dwelling address) (Lot # _____ Block # _____ Qualification # _____) Upper Saddle River, N.J. 07458; and, assume full responsibility for physically checking and inspecting each and every smoke detector, carbon monoxide detector and fire extinguisher installed in my/our residential dwelling to confirm compliance with the requirements as listed below:

Please check each box and initial where indicated as you complete the inspection.

- There are individual battery operated smoke detectors located on each level of the dwelling, including the basement, and on all levels separated by three or more steps.
 - Detectors located at the top of a basement stairwell are not acceptable.
 - Unfinished attic(s) and crawl spaces are excluded and do not require detectors.
 - Hard wired systems must maintain the system in proper working order.
 - Battery operated smoke detectors cannot be substituted for in place hard wired systems.
 - Wireless fire alarm systems are not permitted unless each detector is individually powered by both a dedicated household circuit and a battery backup
- Smoke and carbon monoxide detectors are located outside and within ten feet of each separate sleeping area.
- All backup batteries have been replaced _____ with new batteries. (date)
- All smoke detectors have been checked for date of manufacture and are not in service longer than ten (10) years. _____ (date of manufacture)
- All carbon monoxide detectors have been checked for date of manufacture and are not in service longer than five (5) years. _____ (date of manufacture)
- A fire extinguisher rated 2A 10BC, no more than 10 lbs, is mounted within ten feet of kitchen.

I/we hereby certify that the smoke detectors, carbon monoxide detectors and fire extinguisher have been thoroughly checked and inspected in the above referenced dwelling; and, the dwelling is compliant with the requirements listed above.

(print owner's name)

(print owner's name)

(dwelling owner's signature)

(date)

(dwelling owner's signature)

(date)

Borough of Upper Saddle River Fire Prevention Bureau
376 West Saddle River Road
Upper Saddle River, New Jersey 07458

H. Terry Ferber, Fire Official/Marshal
Fax: 201-327-2195
Phone : 201-327-4343

CONTRACTOR INSPECTION REPORT- FOR HARD WIRED FIRE ALARM SYSTEMS
 (Including individual battery operated smokes in rental properties)

Borough of Upper Saddle River Fire Prevention Bureau
 376 West Saddle River Road
 Upper Saddle River, New Jersey 07458

Contractor's Residential Fire Alarm & Carbon Monoxide Inspection Report

The company listed below certifies that on _____ (date) an inspection was completed at the dwelling located at _____ (dwelling address) (Lot # _____ Block # _____ Qualification # _____), Upper Saddle River, N.J. 07458, and; after physically checking and inspecting each and every smoke detector & carbon monoxide detector installed within this residential dwelling; the system is in compliance with the requirements as listed below:

Please check each box and initial where indicated as you complete the inspection.

- Indicate type of system installed.
- Individual battery smoke detectors.
 - Hard wired low voltage smoke detectors.
 - Hard wired 110 volt electric smoke detectors.

ONLY ONE (1) TYPE SMOKE DETECTOR SYSTEM CAN PROTECT THE ENTIRE HOME. COMBINING OR SUBSTITUTING DIFFERENT SYSTEMS IS NOT PERMITTED

- There are smoke detectors located on each level of the dwelling, including the basement, and on all levels separated by three or more steps.
 - Detectors located at the top of a basement stairwell are not acceptable.
 - Unfinished attic(s) and crawl spaces are excluded and do not require detectors.
 - Hard wired systems must maintain the system in proper working order.
 - Battery operated smoke detectors cannot be substituted for in place hard wired systems.
 - Wireless fire alarm systems are not permitted unless each detector is individually powered by both a dedicated household circuit and a battery backup
- Smoke and carbon monoxide detectors are located within ten feet of each separate sleeping area.
- All backup batteries have been replaced _____ (date) with new batteries.
- All detectors are in proper working order and audible throughout the dwelling.
- All smoke detectors have been checked for date of manufacture and are not in service longer than ten (10) years. _____ (date of manufacture)
- All carbon monoxide detectors have been checked for date of manufacture and are not in service longer than five (5) years. _____ (date of manufacture)

We hereby certify that the smoke detectors and carbon monoxide detectors have been thoroughly checked and inspected in the above referenced dwelling; and, the dwelling is compliant with the requirements listed above.

 (print - company name)

 (address)

 (city) (state) (zip)

 (phone number) (NJ license number)

 (company's representative signature) (date)

 (print representative's name & title)

H. Terry Ferber, Fire Official/Marshal
 Fax: 201-327-2195
 Phone : 201-327-4343

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 home 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.

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

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 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.

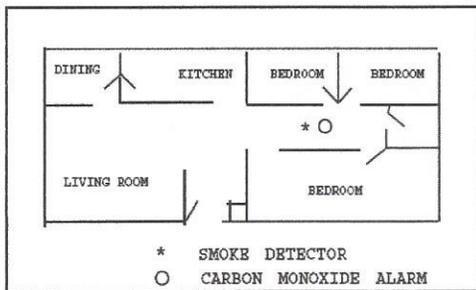


Figure 1

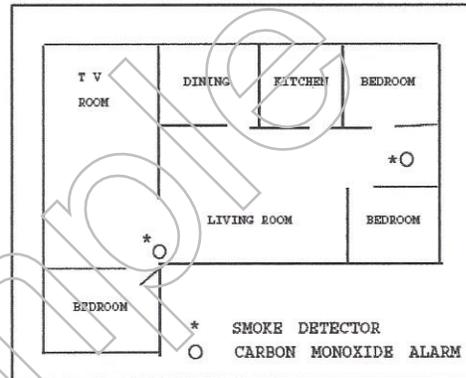


Figure 2

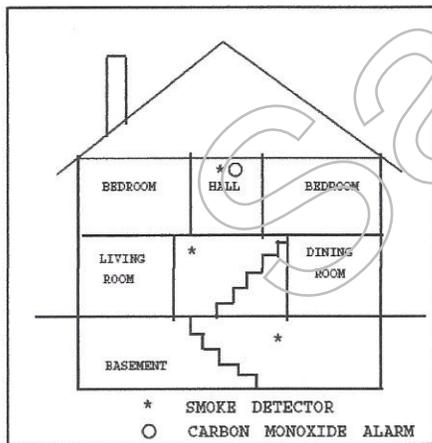


Figure 3

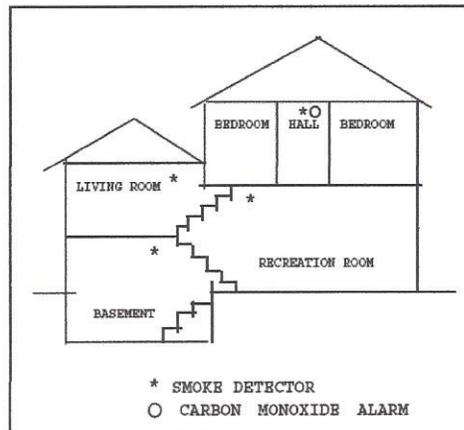


Figure 4

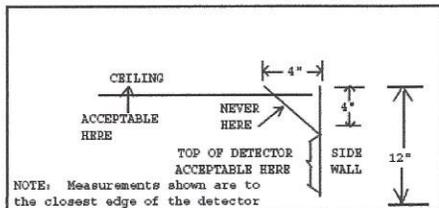


Figure 5

**New Jersey Department of Community Affairs
Division of Codes and Standards**

Landlord-Tenant Information Service

**REGULATIONS FOR THE LANDLORD IDENTITY REGISTRATION
FORM**

N.J.A.C. 5:29-1.1

Printed February 2008

5:29-1.1 Applicability

(a) Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by landlords to tenants in single unit dwellings and in two - unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.

(b) Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and N.J.A.C. 5:10-1.11. **(Contact the Bureau of Housing Inspection, P.O. Box 810, Trenton, New Jersey 08625 (609) 633-6240 for registration applications for buildings with three or more dwelling units)**

THE ATTACHED FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO UNIT DWELLINGS THAT ARE NOT OWNER-OCCUPIED. **(DO NOT SEND THIS STATEMENT TO LANDLORD-TENANT INFORMATION SERVICE)**

Similar forms may be obtained from private sources. You may obtain a copy of the form by faxing your request to (609) 984-7954 or by writing to:

New Jersey Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
Landlord-Tenant Information Service
P.O. Box 805
Trenton, New Jersey 08625-0805

**LANDLORD IDENTITY REGISTRATION FORM
ONE AND TWO-UNIT DWELLINGS – NON-OWNER OCCUPIED**

(All sections must be legible – please print)

1) Rental Property Address: _____
Upper Saddle River, New Jersey 07458
Lot #: _____ Block #: _____ Qualification #: _____

2) Rental Property Ownership: Indicate type of ownership and list names, home addresses and telephone numbers of all property owners of the rental property. Corporations, LLC and Partnerships should list registered agent and all officers or partners. (If more space is needed insert an additional page)

Individual(s):

Corporation-LLC-Partnership:

If none of the property owners reside within the Bergen County list the name, address and telephone number of a person who resides in Bergen County and who is authorized, by the property owner(s), to accept notices from a tenant; to issue receipts for those notices; and to accept service of process on behalf of the out-of-county property owner(s):

3) Is there a Property Management Agent: Yes No

If "Yes" list name, address and telephone number of Property Managing Agent:

4) Is there a Superintendent, Janitor or Custodian: Yes No

If "Yes" list name, address and telephone number (include dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service:

5) **Emergency contact information:** List name, address and telephone number of an individual, authorized by the property owner(s) or managing agent, who may be contacted at any time in the event of an emergency affecting the dwelling, including such emergencies as the failure of any essential service or system, and who is authorized to make emergency decisions concerning the building, including making repairs and expenditures:

6) Is there a mortgage on property: Yes No

If "Yes" list names, addresses and telephone numbers of all holders of recorded mortgages:

7) Type of heating fuel: Fuel Oil Natural Gas Propane

Is heating fuel supplied by Landlord: Yes No (Tenants responsibility)

If "Yes" list name, address and emergency telephone number of the heating fuel dealer servicing the building. If "Fuel Oil" is used - list grade of fuel:

COPY OF THIS FORM MUST BE SENT TO THE TENANT
COPY OF THIS FORM MUST BE SENT TO THE BOROUGH OF UPPER SADDLE RIVER

FOR OFFICIAL USE ONLY

Date Registration Form Received: _____

Upper Saddle River Borough CCO#: _____

Landlord or Authorized Representative Signature date

Print Landlord or Authorized Representative Name