

Borough of Upper Saddle River
Application for Certificate of Continued Occupancy / Resale, Rental

Telephone: 201-934-3970 Fax: 201-934-9146

Address: _____ Block: _____ Lot: _____ Qualifier: _____ CCO #: _____
 Single Family Multi Family Apartment Change of Use Other: _____

Seller / Owner

Buyer/ Renter

Name: _____

Name: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

Realtor: _____

Realtor: _____

Realtor Telephone #: _____

Realtor Telephone #: _____

Attorney: _____

Attorney: _____

Attorney Telephone #: _____

Attorney Telephone #: _____

Will Buyer Occupy? Yes No

Anticipated Closing Date: _____

**** Must allow 10 working days for Inspection****

Contact name & phone number for inspection: _____

I _____ (Owner/Agent) hereby grant the Borough of Upper Saddle River permission to inspect the premises listed above for compliance of all building and zoning codes in accordance with Borough Ordinance # 12-08.

Signature of Owner/Agent

Date

Inspection Fee: \$100.00

Re-Inspection Fee: \$50.00

Check #: _____ Date: _____ Amount Paid: _____

*****NOTE*** Failure to keep this appointment will be considered first inspection.**

(Borough Use Only)

CERTIFICATE OF COMPLIANCE

Date Approved: _____ Inspector: _____
(Zoning or Construction Official)

This visual inspection has found no apparent hazards or conditions that may affect the health, safety or welfare of the occupants. The buyer / occupant assume the responsibility to conform to all regulations pertaining to this property. Additionally, any construction, demolition or alteration requires prior approval and permits as regulated by the Uniform Construction Code and local Borough Zoning Codes. The Borough of Upper Saddle River is not responsible for hidden and unknown conditions at this location.

Applicants Initials: _____ Date: _____

Certificate will be Valid for one year from Date of Issuance

Borough of Upper Saddle River
CCO / Resale, Rental Inspection Check list

Block: _____ Lot: _____ Qualifier: _____ CCO #: _____ Inspection Date: _____

Address: _____ Sellers Name: _____

Person Present at Inspection: _____

All outstanding Building, Soil, Health and other Permits and Violations MUST be closed prior to inspection.

Exterior			Other/Comments: _____			Fireplace Insert		
Driveway	P	F	_____			Stairs / Railing	P	F
Walkway	P	F	_____			LR / DR / Den / Office / Family room	_____	
House #	P	F	Interior			Other rooms	_____	
Lawn/Property Maintenance	P	F	Basement:			Other/Comments: _____	_____	
Oil Tank	P	F	Boiler/Furnace	P	F	_____		
Building Exterior Condition	P	F	Flue	P	F	_____		
Type: _____			Water Heater # _____	P	F	_____		
Deck	P	F	Flue	P	F	_____		
Patio	P	F	Oil Tank	P	F	Garage:		
Front Stairs / Hand Rail	P	F	Sump Pump Drain	P	F	Attached / Detached	P	F
Rear Stairs / Hand Rail	P	F	Central Vacuum	P	F	Door Openers	P	F
Railing	P	F	Stairs / Hand Rail	Y	N	GFI's	P	F
Accessory Structure	Y	N	Railing	Y	N	Other/Comments: _____	_____	
Condition	P	F	Finished / Unfinished _____ %	Y	N	_____		
Within Set-Back Req.	Y	N	Laundry	Y	N	Second Floor:		
Shed	P	F	Dryer Vent	P	F	# of Bedrooms _____ Egress	P	F
Electric Service	P	F	Kitchen	Y	N	# of Bathrooms _____		
Gas	P	F	# of Bathrooms _____			Laundry / Dryer Vent	P	F
Well	Y	N	# of Bedrooms _____ Egress	Y	N	Other/Comments: _____	_____	
City Water	Y	N	Other/Comments: _____	_____			_____	
Central A/C # Units _____	P	F	_____			Attic:		
Pool A/G or I/G	P	F	First Floor:			Living Area	Y	N
Fence - Type	Y	N	Dead Bolt Front/Rear Door Keyless	P	F	Storage	Y	N
Gates	P	F	# of Bedrooms _____			General Condition	P	F
Lawn Sprinklers	Y	N	# of Bathrooms _____			Flooring	P	F
Rain Sensor	Y	N	Kitchen & Bathroom GFI's	P	F	Bedrooms	P	F
Piers/Rocks/Mailbox in			# of Fireplaces _____	Y	N	Other/Comments: _____	_____	
Front set back	Y	N	Wood or Gas	Y	N	_____		
Drainage into Street	Y	N	Wood with gas igniter	Y	N	_____		

Fire Prevention inspection completed: Copy of form attached

General Information: Central Burglar and Fire Alarm: Y / N ***If yes, new owner provided with form to update police records.***

Comments: _____

Inspected By: _____ Date: _____ Received By: _____

Re-Inspected By: _____ Date: _____ Received By: _____