

Borough of High Bridge  
71 Main Street, High Bridge, NJ 08829  
PHONE: 908-638-6455 x73  
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APPLICATION FOR ONE & TWO FAMILY DWELLING  
Continuing Certificate of Occupancy and  
CERTIFICATION OF SMOKE DETECTOR/CARBON MONOXIDE ALARM and  
PORTABLE FIRE EXTINGUISHER COMPLIANCE

Dwelling Property Owner \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Location: Street \_\_\_\_\_  
(mailing address) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner or an authorized representative of the owner of the dwelling at the above referenced location. I further certify that this dwelling has smoke detector(s) and carbon monoxide detector(s) installed and in working order as stated below:

**\*NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID**

- Smoke detectors on each level of the dwelling, including basement, excluding attic or crawl space; and
- Outside each separate sleeping area; and (within 10 feet of bedrooms)
- Smoke detector type (battery, hard wire or battery back-up) must be maintained at time of latest Certificate of occupancy.
- All smoke detectors are in working order.
  
- Carbon monoxide - Outside each separate sleeping area; and (within 10 feet of bedrooms) in working order.
  
- Portable fire extinguisher, listed, labeled, charged and operable ABC type no larger than 10 lb. rated for residential use mounted with approved manufacturer's bracket within 10 feet of kitchen located with the top of extinguisher not more than five feet above the floor. Extinguisher shall be accompanied by an owner's manual or written information regarding the operation, inspection and maintenance of the extinguisher. Extinguisher must be visible and in a readily accessible spot, free from blocking by furniture, storage, equipment and any other items.

This is a \_\_\_\_\_ story dwelling \_\_\_\_\_ with \_\_\_\_\_ without a basement.

Re-sale - Change in ownership \_\_\_\_\_ Rental - Change in occupancy \_\_\_\_\_

If Rental, Annual Landlord Registration on file \_\_\_\_\_ (office to determine & Initial)

An inspection shall be conducted by the owner or an authorized representative of the owner. The detectors required above shall be located in accordance with NFIPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. Note: AC powered and/or interconnected smoke detectors install in homes constructed after January, 1977 shall be maintained in working order. See diagrams on the back of this application for further information regarding installation. Carbon Monoxide detectors can be battery operated, plug in or hard wired.

**\*\*\*Smoke detector/carbon monoxide alarms and portable fire extinguisher Certificates are valid for six (6) months\*\*\***

Approved certificates will be issued day of inspection. Inspection failures require re-application along with an additional \$35.00 fee.

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**Applicant Signature**

Note: A check or money order in the amount of \$80.00 made payable to Borough of High Bridge. Inspection failures requires re-inspection fee of \$35.00

Tom Silvia - Zoning / CCO Official

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## WHERE TO LOCATE DETECTORS:

Smoke 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 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 SMOKE 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 detector 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, Batterymarch Park, Quincy, MA 02269.

## WHERE TO LOCATE CARBON MONOXIDE DETECTORS:

Outside each sleeping quarters in hallway per Manufacturer's recommend height. See Owner's manual. If bedrooms are on two different levels or wings, two detectors are required.

## WHERE TO LOCATE FIRE EXTINGUISHER:

Within 10 feet of kitchen, near room exit or travel path that provides an escape route to the exterior. Maximum height 5 feet with an approved manufacturer's bracket. Extinguisher to be installed with operating instructions clearly visible.

## Borough of High Bridge

### Continuing Certificate of Occupancy Application and Inspection Form:

CCO# \_\_\_\_\_

Date: \_\_\_\_\_

Address to be inspected: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Bldg. Type: Single Family ( ) Multi Family ( ) Commercial ( )

Industrial ( ) Other (specify) \_\_\_\_\_

Use: Residential owner occupied ( ) Residential rental ( )

Commercial - specify use: \_\_\_\_\_

Industrial - specify use: \_\_\_\_\_

Other: \_\_\_\_\_

Is the certification of taxes and utilities paid: Yes ( ) No ( ) Not applicable ( )

Application fee: Amount Paid \_\_\_\_\_ Date received: \_\_\_\_\_ Check # \_\_\_\_\_

Re-inspection fee: Amount Paid \_\_\_\_\_ Date received: \_\_\_\_\_ Check # \_\_\_\_\_

**Items to be inspected:** For basic operation, maintenance, health and safety.

	Approved:	Not approved:	Comments:
Kitchen sink & faucet	( )	( )	_____
Appliances:	( )	( )	_____
Toilets: (#____)	( )	( )	_____
Vanity sinks and faucets (#____)	( )	( )	_____
Bath/shower and faucets (#____)	( )	( )	_____

Bathroom ventilation (window/fan)	( )	( )	_____
Water pressure reducing valves	( )	( )	_____
Sump pumps, etc. into sewer line	( )	( )	_____
Heating System	( )	( )	_____
Hot Water Heater	( )	( )	_____
Electric System & Fixtures	( )	( )	_____
Windows	( )	( )	_____
Doors	( )	( )	_____
Interior stairs & railings	( )	( )	_____
General Maintenance of:			
Walls	( )	( )	_____
Ceilings	( )	( )	_____
Floors	( )	( )	_____
Exterior	( )	( )	_____
General Housekeeping	( )	( )	_____

**EXTERIOR:**

Exterior stairs & railings	( )	( )	_____
Auxiliary structures	( )	( )	_____
Parking availability / capacity	( )	( )	_____
Other _____	( )	( )	_____
Other _____	( )	( )	_____
Other _____	( )	( )	_____

Continuing Certificate of Occupancy Granted:  
By: \_\_\_\_\_

Yes ( )      No ( )  
Date: \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

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