

Log Number: _____

Check #: _____

Borough of High Bridge

97 West Main Street, High Bridge, NJ 08829

Phone: 908-638-6455 - Fax: 908-638-9374

Continuing Certificate of Occupancy

and Certification Of Smoke Detector/Carbon Monoxide Alarm and
Portable Fire Extinguisher Compliance For one and two family dwellings

Property Owner Name: _____ Block _____ Lot _____

Address of property to be inspected: _____

City _____ State _____ Zip Code _____

Contact Person (with access to property): _____

Contact Person's Email: _____

This is the inspector's primary form of communication and email requests may be processed more quickly.

Phone#: _(_____) _____ Closing Date: _____

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. Payment must be submitted with application or completed online.

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: APPLICANT MUST CHECK ALL BOXES FOR CERTIFICATION TO BE VALID**

- Smoke detectors on each level of the dwelling, including basement, excluding attic or crawl space;
- 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 Cert. 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.

Please check one: _____ Re-sale - Change in owner
_____ Rental - Change in occupancy

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

Applicant Signature

Zoning Official / CCO Official

OFFICE USE ONLY: If Rental, is annual Landlord Registration on file and paid up to date: _____ (Initials)

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:
