BOROUGH OF NORTHVALE
FIRE PREVENTION BUREAU
116 Paris Avenue Northvale, New Jersey 07647
Phone: 201-767-3330 Ext 213
building@northvalenj.org

INSTRUCTIONS FOR FILING FOR A RESIDENTIAL OCCUPANCY APPROVAL

- Submit the application after answering all questions.
- Contact this office to arrange for an appointment for the required inspections at least 21 days prior to your needing the certificate.
- Submit telephone number and name of person(s) that we may contact to gain entry for the inspection.
- Any violation of applicable codes and regulation must be abated before a certificate is issued.

NO CERTIFICATE WILL BE ISSUED UNTIL ALL ITEMS HAVE PASSED INSPECTION

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APPLICATION FOR CERTIFICATE SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Date: _____

BLOCK: _____
LOT: _____

OWNER / AUTHORIZED AGENT: _____

PROPERTY TO BE INSPECTED: _____

DATE OF CLOSING: _____

TELEPHONE #: _____

SIGNATURE OF OWNER / AUTHORIZED AGENT: _____

NOTE: THE CERTIFICATE OF SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE WILL BE ISSUED WITH THE RESIDENTIAL OCCUPANCY APPROVAL.

_____

_____

FEES:
ONE AND TWO FAMILY - $75.00
APARTMENTS - $50.00 PER APARTMENT

OFFICIAL USE:

PAID: [ ] Check #_____ **Cash:** _____
COLLECTED BY: _____
CERTIFICATE #: _____
DATE: _____

Certificate Received

Lead Safe Certification is needed for Rentals **(Built prior to 1978)**
See Lead-Based Paint Hazard Application

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APPLICATION FOR CERTIFICATE OF RESIDENTIAL OCCUPANCY APPROVAL

Date: _____

PROPERTY TO BE INSPECTED: _____
BLOCK: _____
LOT: _____

PROPERTY OWNER: _____
UNIT/APT #: _____
OWNER TELEPHONE #: _____

ATTORNEY: (SELLER OR TENANT) _____
ATTORNEY PHONE: _____

AGENT OR REALTOR: _____
ADDRESS & PHONE: _____
DATE OF CLOSING: _____

PURCHASER NAME: _____
PURCHASER ATTORNEY: _____
PURCHASER ATTORNEY NUMBER: _____

AREA ZONED: _____ PRESENT USE:

- _____SINGLE FAMILY
- _____TWO FAMILY
- _____THREE FAMILY OR MORE **(LEGAL PROOF REQUIRED)**
- _____CONDO
- _____CO-OP
- _____RENTAL (# OF EXISTING UNITS)

DATE INSPECTED: _____ INSPECTED BY: _____

FEE: $100.00

OFFICIAL USE:

PAID: [ ] Check #_____ Cash: _____
COLLECTED BY: _____
CERTIFICATE #: _____
DATE: _____

BOROUGH OF NORTHVALE
BERGEN COUNTY, NEW JERSEY
116 Paris Avenue Northvale, New Jersey 07647
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http://www.northvalenj.org

APPLICATION LEAD-BASED PAINT HAZARD (VISUAL INSPECTION)

(Pursuant to New Jersey P.L.2021, Chapter 182, and Borough of Northvale ORDINANCE #1099-2024 all rental dwelling units constructed before 1978 must be inspected for lead-based paint hazards)

Date: _____

Current Owner: _____

Owner's Address: _____

Owner's Email: _____

Address & Unit #: _____

☐ **Local | State Fee: $60.00** ☐ **Borough Inspector: $450.00 per/unit**

ADDRESS OF PROPERTY TO BE INSPECTED: _____

Block #: _____ **Lot #:** _____

REASON FOR APPLING:

☐ Initial Rental Inspection ☐ Bi-Annual inspection ☐ Change of Tenant During 1 Year Re-Inspection Period

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TENANT INFORMATION: *the name of the Tenant(s) is required for Disclosure.

Tenant's Name: _____

Tenant's Current Address: _____

Tenant's Phone #: _____

The landlord or his agent must meet the inspector at the entrance of the dwelling on the date and time below. It shall be the duty of the landlord or his agent to ensure that access is granted to all components of the dwelling unit specified on this application to qualify for a certificate.

No-show or no-Enry will result in the loss of the inspection fee and/or additional charges.

By affixing my signature below, I hereby certify that the names and addresses set forth herein are accurate, and I understand that if the above information is not accurate, I may be subject to penalty. I am also advised that the Borough Lead Assessor performs a visual paint inspection, and the inspection report must not be used to perform lead abatement.

Signature of Owner: _____ **Date:** _____

-OFFICE USE ONLY-

Received On: _____ Received By: _____ ☐ Check# _____ ☐ Cash

Inspection Date: _____ Inspection Time: _____

Case #: _____ Certification Result: ☐ Pass ☐ Fail

Reason for Fail (if applicable): _____

Conditions for Approval (if applicable): _____

Lead Assessor sign off: _____ Date: _____

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ALL QUESTIONS MUST BE COMPLETED BY THE LANDLORD OR LEGAL REPRESENTATIVE

Address: _____ Block _____ Lot _____

Landlords Name: _____

Address: _____

Telephone: _____

Tenants Name: _____ Date of Occupancy: _____

Others in Household

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

_____

Apartment #: _____

Please indicate rooms available in the Rental Unit:

Kitchen [ ] sq. ft._____ Living Room [ ] sq. ft._____ Dining Room [ ] sq. ft._____

Bathroom/s [ ] how many _____sq. ft._____ Bedroom/s [ ] how many _____sq. ft._____

Other: [ ] Description: _____[ ] sq. ft._____

I certify that the foregoing statements are true. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

_____ _____

Landlord **Date**

Return this page to: Borough Clerk - $10.00 fee

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REGISTRATION STATEMENT FOR ONE-DWELLING UNIT RENTAL OR TWO-DWELLING UNIT NON-OWNER-OCCUPIED PREMISES IN ACCORDANCE WITH NEW JERSEY STATUTE 48:8-28

Address of Dwelling: _____Block _____Lot_____

Total number of Dwelling Units: _____

A. Name of Owner of Record: _____
Name of Owner of Rental Business (if not Building Owner):
_____

B. If Owner is Corporation, Name and Address of Agent:
_____

C. If Owner does not reside or have offices in this County, give name of Authorized Agent who does have residence or office in Bergen County:
_____

D. Name and address of Managing Agent, if any: _____

E. Name and address of Superintendent, Janitor, Custodian, or Other Individual Employed by Owner of record or Managing Agent: _____
Apt #: _____Telephone#: _____

F. Name and address of Individual to be called I the event of an emergency:
_____

G. Name and address of all if any holders of mortgages on property:

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip

H. Fuel Oil/Gas
Supplier: _____
Grade of Fuel Used: _____
Statement Prepared by: _____Date: _____

Return this page to: Borough Clerk

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RESIDENTIAL OCCUPANCY APPROVAL (ROA) INFORMATION SHEET

This information is being provided to assist in preparing for the required ROA inspection.

The following are the most common items the inspection will address but not all the items that could be cited:

1. The property is being used as zoned or approved (i.e., one family, two family, etc.).

2. There is no sump-pump or any unauthorized water connection into the sanitary sewer.

3. All open construction permits are inspected, approved, and closed.

4. Sidewalks, if installed, are in good condition.

5. There is no interior double key lock on the primary exit / entrance door.

6. There is at least one handrail on the stairs with 4 or more risers.

7. The general visual inspection reveals any item that could be considered hazardous or an imminent danger.

8. Pools are required to have an approved pool barrier (fence) and gates that open out, self-close and latch.

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RESIDENTIAL OCCUPANCY APPROVAL GUIDELINES
SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

1. **STRUCTURES WITH EXISTING INTERCONNECTED FIRE ALARMS**
   If the structure has existing A/C 110-volt interconnected smoke alarms, they shall be in working order.

   If the structure has an existing low volt system an Alarm Technician from the service company shall be on site for an alarm test. A recent test certificate less than 30 days old may be acceptable.

   Single station carbon monoxide alarms shall be installed in the immediate vicinity of all sleeping areas.

   NOTE: SMOKE ALARMS OVER TEN YEARS OLD SHALL BE REPLACED.

2. **STRUCTURES WITH BATTERY OPERATED SMOKE/CARBON MONOXIDE ALARMS**
   - On each level and outside each separate sleeping area.
   - Single station caron monoxide alarms shall be installed in the immediate vicinity of all sleeping areas.

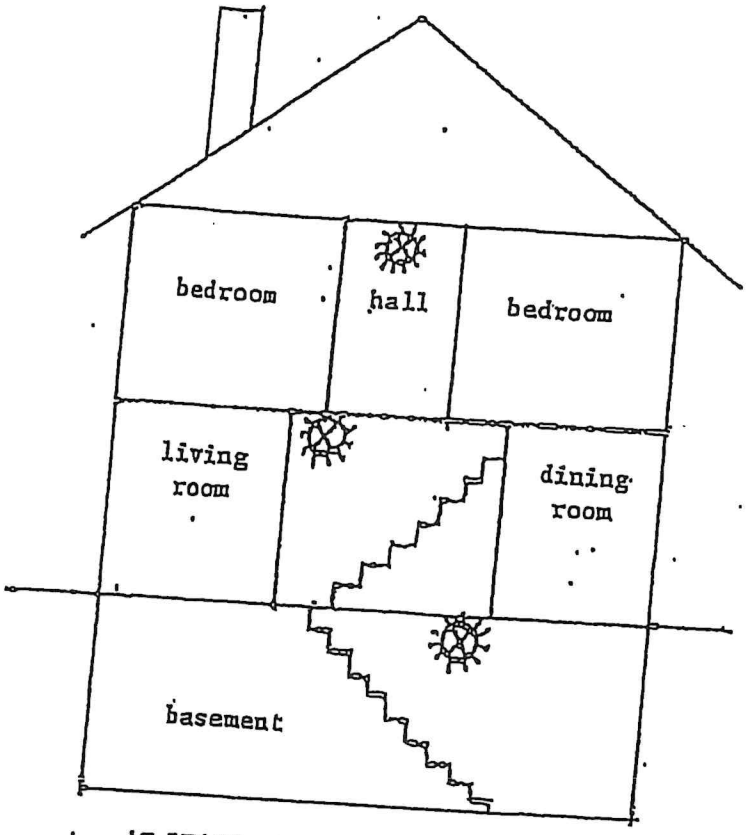
   NOTE: SMOKE ALARMS OVER TEN YEARS OLD SHALL BE REPLACED

   January 2019-Ten-year sealed battery-powered single station smoke alarms shall be REPLACED and be installed and listed in accordance with ANSI/UI 217.

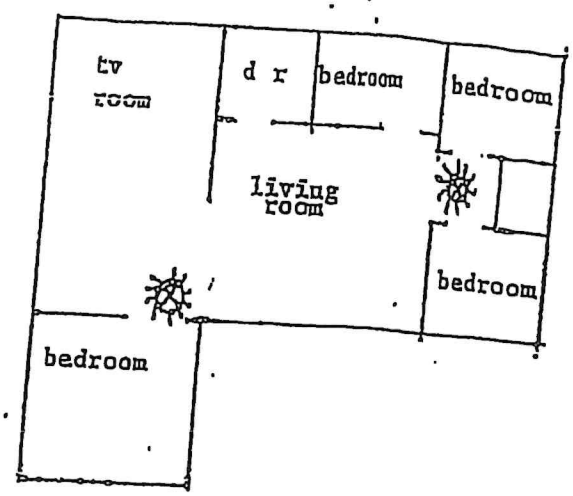
STRUCTURE ITEMS

- No sump pump shall be connected to the house sanitary sewer. It shall be properly disconnected and directed outside the structure away from neighbor.
- No front/main door shall have a lock that has a key on the interior side. Shall replace with a thumb twist to open on the interior door side.
- Any open building permits shall be closed out. Check with Building Department.
- Handrail or guards that may be required. Four risers or more for handrails / more than 30" above grade for guard.
- Pool barriers/fence code complaint. Gate to open out, self-close and latch. Latch shall be 54" height/on inside of gate or approved equal.
- Confirm Residential "USE" status.
- General condition of decks including handrails and guards.

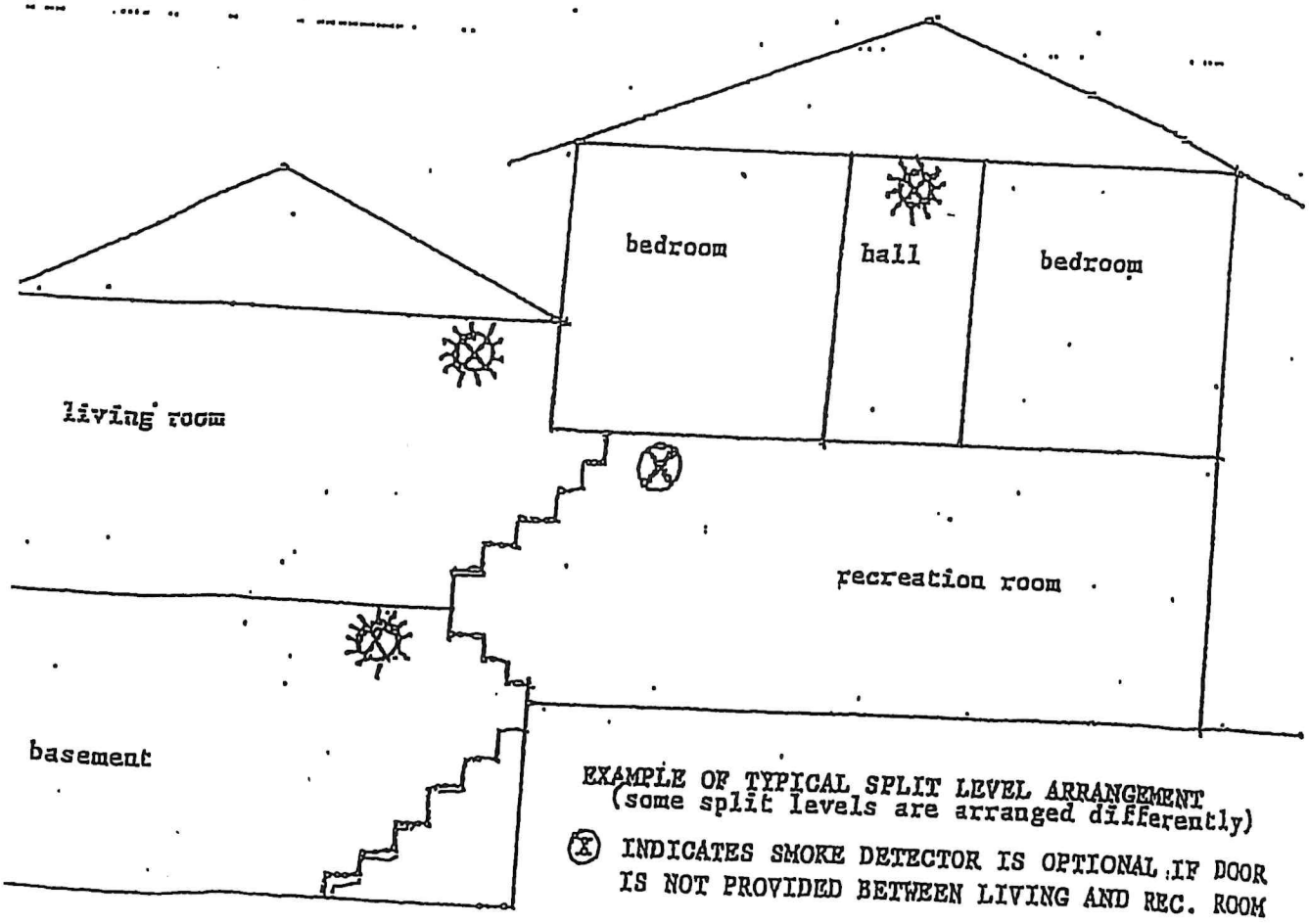
Be advised the above are only some of the common items to be addressed, other items may be cited as deemed necessary



AT LEAST ONE SMOKE DETECTOR SHALL BE LOCATED ON EACH STORY



IN FAMILY LIVING UNITS WITH MORE THAN ONE SLEEPING AREA, A SMOKE DETECTOR SHALL BE PROVIDED TO PROTECT EACH AREA



EXAMPLE OF TYPICAL SPLIT LEVEL ARRANGEMENT
(some split levels are arranged differently)

(X) INDICATES SMOKE DETECTOR IS OPTIONAL IF DOOR IS NOT PROVIDED BETWEEN LIVING AND REC. ROOM

NJ Department of Community Affairs

Division of Fire Safety

MEMORANDUM

To: All Local Enforcing Agencies, the New Jersey Real Estate Commission, and the New Jersey Association of Realtors

From: Louis Kilmer, Chief, Bureau of Fire Code Enforcement

Date: February 13, 2025

Subject: Secondary Power Source Identification Label Guidance Document

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Governor Murphy recently signed into law P.L.2025, c.19 which, among other items, provides labeling requirements for certain residential structures containing secondary power sources. The purpose of this document is to provide guidance to fire code officials, realtors, and the general public until regulations can be promulgated. The requirements apply to one- or two-family and attached single family dwellings only, and will be enforced upon a change of occupancy.

A structure used or intended for use for residential purposes by one or two households must have a label installed within 18 inches of the main electrical panel and electrical meter warning of the dangers associated with secondary power sources. A secondary power source may include permanently installed internal combustion generators, solar panels, battery storage systems, or any other supplemental source of electrical energy to the primary power supply. The label must be marked with the wording similar to "CAUTION: MULTIPLE SOURCES OF POWER." and may not be handwritten. A label compliant with

ANSI Z535.4 will meet the requirements of this law and may be referenced in the subsequent regulations.

These requirements already apply to new installations of secondary power sources and have been added to the Uniform Fire Safety Act to provide the same level of protection to our firefighters in existing installations. Labels that meet the requirements are generally available at minimal cost. Any questions can be posed to the Division of Fire Safety at (609) 633-6132 or **bfcecodeadmin@dca.nj.gov**. Additionally, the Division of Consumer Affairs may be reached at (973) 504-6200 or **askconsumeraffairs@dca.njoag.gov**.

Thank you.