



DIVISION OF HOUSING

PURCHASER'S FORM

This form must be completed by the Buyer, it must be notarized and the original must be returned to this office.

I, _____, purchaser of the property known as _____, Passaic, New Jersey understand that cellars shall be used only for incidental storage for the dwelling units above. Use of cellar for sleeping purposes or as a dwelling unit, rooming unit or independent rooming unit is illegal. Partition walls are prohibited in cellars. All occupancies of cellars are prohibited.

Signature of Buyer

Date

State of _____

County of _____

Sworn to and subscribed before me the
_____ day of _____, _____

Notary Public

My Commission expires _____



Insp Date: _____

Time: 9:30-11am or 1:30-3pm

CITY OF PASSAIC DIVISION OF HOUSING
APPLICATION FOR OCCUPANCY CERTIFICATE

Inspector: _____

ONE FAMILY

DATE: _____

PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____ BLDG: _____ UNIT: _____

NAME OF CURRENT OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

ALL USES: RESIDENTIAL COMMERCIAL OTHER/WAREHOUSE

PREVIOUS USE OF PREMISE: _____ PREMISE WILL BE USED FOR: _____

NUMBER OF ROOMS:

LIVING ROOM: _____ DINING ROOM: _____ KITCHEN: _____ BEDROOM: _____ BATHROOM: _____

ATTIC (Y/N): _____ PART OF 2ND FLOOR? (Y/N): _____ FULL BATH (Y/N): _____ KITCHEN (Y/N): _____ BASEMENT FIN (Y/N): _____

NAME TO BE PRINTED ON OCCUPANCY CERTIFICATE: OWNER BUYER OTHER

NAME(S): _____

IF CORPORATION, YOU MUST SUPPLY REGISTERED AGENT'S NAME ABOVE

BUSINESS NAME (IF APPLICABLE): _____

IF CORPORATION, YOU MUST SUPPLY A COPY OF YOUR REGISTRATION

MAILING ADDRESS: _____

PHONE NUMBER: _____ ALT PHONE NUMBER: _____

EMAIL ADDRESS: _____

REPORT TO BE MAILED TO: OWNER BUYER OTHER

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

* _____ OF FULL AGE, BEING DULY SWORN ON HIS OATH SAYS THAT HE/SHE IS THE OWNER (OR DULY AUTHORIZED AGENT OF THE OWNER FOR THE PURPOSE HEREIN), AGREES TO USE OR OCCUPY SAID PREMISE, OR OBTAIN PERMISSION TO PROCEED IN CONFORMITY WITH THE ACCOMPANYING STATEMENT FILED WITH THE DEPARTMENT OF COMMUNITY DEVELOPMENT-DIVISION OF HOUSING, TO COMPLY WITH THE ZONING AND PROPERTY MAINTENANCE CODE AND ALL AMENDMENTS AND SUPPLEMENTS THERETO. **NOTE: THIS OCCUPANCY CERTIFICATE CERTIFIES THAT THE ABOVE REFERENCED PROPERTY IS IN COMPLIANCE WITH PASSAIC'S PROPERTY MAINTENANCE AND ZONING LAWS. IT IS NOT APPROVING, NOR DOES IS RELIEVE YOU FROM THE NEED TO OBTAIN ANY OTHER NECESSARY PERMITS OR APPROVALS, INLCUDING BUT NOT LIMITED TO CONSTRUCTION PERMITS, FIRE SAFETY ACT REQUIREMENTS AND HEALTH APPROVAL.**

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

SIGNATURE OF OWNER OR AGENT

=====DO NOT WRITE BELOW THIS LINE=====

ZONE: _____ APPROVED DENIED

CONDITION(S): _____

ZONING OFFICER

DATE

FEES:

ESCROW \$ _____ CK# _____ CASH RECEIPT# _____ DATE _____
FIRE \$ _____ CK# _____ CASH RECEIPT# _____ DATE _____
OC \$ _____ CK# _____ CASH RECEIPT# _____ DATE _____



(SEE REQUIREMENTS ON OTHER SIDE)

**CITY OF PASSAIC
FIRE PREVENTION BUREAU
330 PASSAIC STREET
PASSAIC, N.J. 07055
973-365-5687**

**APPLICATION FOR ONE & TWO FAMILY DWELLING
CERTIFICATE OF SMOKE DETECTOR & CARBON MONOXIDE
ALARM COMPLIANCE
FEES: INITIAL INSPECTION \$45.00 – RE-INSPECTION FEES: \$25.00**

Dwelling Location: Block _____ Lot _____
(not mailing address) Street _____

Municipality: PASSAIC **County:** PASSAIC **State:** NEW JERSEY

Buyer's name: _____ **Contact Phone #:** _____

Buyer's Address: _____

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected alarms and smoke detectors installed 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.

Applicant's signature: _____

*** CERTIFICATES ARE VALID FOR SIX (6) MONTHS***

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

I, Inspector _____, CERTIFY that the dwelling at the above location was inspected for smoke detectors and carbon monoxide detectors and they are:

- Smoke Detector on each level of the dwelling, including basements, excluding attic or Crawl space
 - Smoke Detectors and Carbon Monoxide alarm outside each separate sleeping area; and Within 10 feet of bedrooms
 - All smoke detectors are in working order Carbon Monoxide alarm(s) in working order
 - Fire Extinguisher within 10 feet of kitchen
- This is a _____ story dwelling with without a basement.

INSPECTOR'S SIGNATURE

DATE

FEE: \$ _____ CHECK # _____ CASH () RECEIPT # _____ DATE _____
FAILED: _____ SM. DET. _____ CARBON MON. DET. _____ FIRE EXTING. _____



**CITY OF PASSAIC
FIRE PREVENTION BUREAU
330 PASSAIC STREET
PASSAIC, N.J. 07055
973-365-5687**

**SMOKE DETECTOR, CARBON MONOXIDE AND FIRE
EXTINGUISHER
REQUIREMENTS IN 1 AND 2 FAMILY HOMES**

- 1. SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS MAY BE BATTERY OPERATED OR A/C POWERED.**
- 2. SMOKE DETECTORS SHALL BE LOCATED ON EACH LEVEL OF THE HOUSE, BASEMENT, FIRST FLOOR, SECOND FLOOR, EXCLUDING CRAWL SPACES AND UNFINISHED ATTICS.**
- 3. SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS SHALL BE PLACED OUTSIDE OF EACH BEDROOM ON 2 OR 3 FLOORS, PLACE THE DETECTORS AS INSTRUCTED ABOVE**
- 4. SMOKE DETECTORS IN THE BASEMENT SHALL BE LOCATED AS CLOSE TO THE STAIRWELL AS POSSIBLE, NOT NEAR THE FURNACE.**
- 5. SMOKE DETECTORS SHALL BE PLACED IN THE STAIRWELL LEADING UP TO FINISHED ATTICS**
- 6. IN 2 FAMILY DWELLINGS, PLEASE PLACE SMOKE DETECTORS IN THE COMMON AREAS.**
- 7. FIRE EXTINGUISHERS MUST BE HUNG IN THE KITCHEN OR WITHIN 10 FEET OF THE KITCHEN, FULLY CHARGED AND ACCESSIBLE AT ALL TIMES.**