

# BOROUGH of BLOOMINGDALE

## APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY

Check One: Resale  Refinance (if bank requires)

Inspection Fee: \$ 200.00 – **MUST BE CASH OR CERTIFIED CHECK**

**THIS APPLICATION SHALL BE SUBMITTED WITH COPY OF PROPERTY SURVEY**

For appointment please call Robert (Bob) Westdyk at: 973 – 838 – 7995 ext. 4

OWNER's NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Property Location for CCO: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Buyer Full Name: \_\_\_\_\_ Approximate Closing Date: \_\_\_\_\_

Type of Building: Single Family: \_\_\_ Two Family: \_\_\_ Multi Family: \_\_\_ Mixed Use: \_\_\_

### Building Characteristics

**WATER:** Borough: \_\_\_ Well: \_\_\_ **SEWAGE DISPOSAL:** Septic: \_\_\_ Sewer: \_\_\_

### Breakdown of Rooms

Kitchen: \_\_\_ Dining Room: \_\_\_ Living Room: \_\_\_ Bedroom(s): \_\_\_ Bathroom(s): \_\_\_  
Family Rm \_\_\_ Basement: \_\_\_ Attic: \_\_\_ Garage-Attach \_\_\_ or Detached: \_\_\_ Shed: \_\_\_

Have any previous municipal approvals have been granted for this property? NONE: \_\_\_\_\_

If so by who:

Planning Board: \_\_\_ Date: \_\_\_\_\_ Board of Adjustments: \_\_\_ Date: \_\_\_\_\_

Explain if approvals were granted: \_\_\_\_\_

Are there any abandoned; wells, septic, fuel tanks, etc. on the property: No: \_\_\_ Yes: \_\_\_

If yes, please explain: \_\_\_\_\_

### What type of Fire Safety Equipment is present

Smoke Alarms: \_\_\_ Quantity: \_\_\_\_\_ Battery: \_\_\_ Electric: \_\_\_ Sprinklers: \_\_\_  
Carbon Monoxide \_\_\_ Quantity: \_\_\_\_\_ Battery: \_\_\_ Electric: \_\_\_ Extinguisher: \_\_\_

Please note:

1. All battery-operated alarms (smoke, CO) shall be ten (10) year type no exceptions
2. Fire extinguisher shall be 2A-10 B:C (no heavier than 10 pounds) and shall be mounted

Have there been any Construction Permits issued on this property in the last five (5) years. None: \_\_\_\_\_

Building: \_\_\_ Dated: \_\_\_\_\_ Electric: \_\_\_ Dated: \_\_\_\_\_  
Plumbing: \_\_\_ Dated: \_\_\_\_\_ Fire: \_\_\_ Dated: \_\_\_\_\_

Signature of Home Owner or Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

### -----FOR OFFICE USE ONLY-----

Application Received: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Open Permits: \_\_\_\_\_