

BOROUGH OF BLOOMINGDALE

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY

Check One: Resale ☐ Refinance (if bank requires) ☐

Inspection Fee: \$ 200.00 per dwelling

For appointment, please call Mark Lime at: 973 – 838 – 7995 ext. 4 or email at mlime@bloomingtonnj.net

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: _____

Secondary Power Source

Generator _____ Solar Panels _____ Battery Storage System _____ Other _____

Explain other secondary Power Source _____

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 sealed battery type no exceptions and have UL listed (217) and any other approved testing lab., such as:



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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: _____

Will this property be used as a rental? (YES/NO) _____

Signature of Homeowner or Agent: _____

Phone No.: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

Application Received: _____ Inspection Date: _____ Open Permits: _____