

**CERTIFICATE OF SALE REQUIREMENTS**  
**SINGLE FAMILY RESIDENTIAL - \$100.00 FEE**  
**TWO FAMILY RESIDENTIAL - \$200.00 FEE**

1. Address clearly marked on house and mailbox.
2. Certificate of :
  - A. Smoke Detector
    1. One on every level of your home
    2. Within 10 feet of sleeping areas.
  - B. Carbon Monoxide Detector
    1. Installed within 10 feet of sleeping area.
  - C. Portable fire extinguisher
    1. Within 10 feet of the kitchen. Near a means of egress and readily accessible, clear from any blocking (furniture, equipment, etc.)
    2. 2 ½ to 10 pounds ABC rated.
3. A copy of a survey of your property, if available.
4. A copy of your well test if you are not on a public system. **THE WELL TEST THAT IS SUBMITTED MUST BE CLEAN OR THE CERTIFICATE OF RE-SALE WILL NOT BE ISSUED.**
5. Check appropriate box on application whether there is sewer or septic.
6. We check for any open permits and any illegal construction.
7. We check for illegal 2 family or multiple family homes.
8. Vents from gas-fired appliances are installed properly.
9. All meters are installed, (ex. gas, electric, water)
10. Pressure Blow-off for hot water heater – located at the top of the hot water heater and must extend downward to within 6” of the floor.
11. Stairway Handrails and Guards – grip sized handrails on steps with 4 or more risers (no open stairways). Guardrails are required on porches, steps, and walkways higher than 30” above grade and must meet UCC requirements.
12. Furnace Connection – the connection from the water heater, furnace, boiler or stove to the chimney must be sealed and secure.
13. Electrical Wires – no loose or unprotected wires are permitted. No open electric boxes permitted. Hard wired ground fault receptacle required for all pools and spas.
14. Water Meter – All homes must be equipped with an external reading device.
15. All required Fire Separations – must be installed and maintained.
16. Buyers **MUST** bring in photo ID of all adults going to reside in the premises and copies of birth certificates for minor children.
17. Check for fees payable to Borough of Totowa.



**WILL THE OWNER BE LIVING IN THIS HOME:** \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

**If no, address of owner** \_\_\_\_\_

**Phone number** \_\_\_\_\_

We certify that all the foregoing statements are true. We are aware that if any of the foregoing statements made by us are willfully false, we are subject to punishment.

\_\_\_\_\_  
New Buyer/New Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Realtor

\_\_\_\_\_  
Realtor's name & address (please print)

\_\_\_\_\_  
Phone Number

# BOROUGH OF TOTOWA

PASSAIC COUNTY, NEW JERSEY

RICHARD SCHOPPERTH  
Fire Marshall  
Fire Subcode Official



MUNICIPAL COMPLEX  
537 TOTOWA ROAD  
TOTOWA, N.J. 07512  
973-956-7929

Fee: \$100.00 for single family home  
Fee: \$200.00 for two family home

**FIRE BUREAU APPLICATION**  
SMOKE DETECTOR – CARBON MONOXIDE  
Please Print

PROPERTY ADDRESS: \_\_\_\_\_

Block # \_\_\_\_\_, Lot # \_\_\_\_\_

Current Owner's Name and  
Address: \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

New Buyer's/Tenant Name and  
Address: \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Number of Adults \_\_\_\_\_

Number of Children \_\_\_\_\_

Husband's Name \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Wife's Name \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Single Adult \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

We Certify that all the foregoing statements are true. We are aware that if any of the foregoing statements made by us are willfully false, we are subject to punishment.

\_\_\_\_\_  
Date Current Owner

\_\_\_\_\_  
Date New Buyer/Tenant

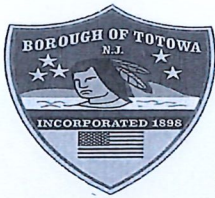
**NO CLOSING IS TO TAKE PLACE WITHOUT THE COMPLETED CERTIFICATE OF INSPECTION!**

**FOR OFFICAL USE ONLY**

Cert# \_\_\_\_\_, Date Received \_\_\_\_\_

\$ \_\_\_\_\_, Check # \_\_\_\_\_





**BOROUGH OF TOTOWA WATER DEPARTMENT**  
**537 Totowa Road, Totowa, New Jersey 07512**  
**WATER METER COMPLIANCE APPLICATION**

PER ORDINANCE 407-12 INSPECTIONS  
PER ORDINANCE 407-17 MAINTENANCE

BUS/HOMEOWNER NAME: \_\_\_\_\_ REALTOR COMPANY \_\_\_\_\_

WATER SERVICE ADDRESS \_\_\_\_\_ REALTOR CONTACT \_\_\_\_\_

BUS/HOMEOWNER PHONE# \_\_\_\_\_ REALTOR PHONE # \_\_\_\_\_

DATE METER INSTALL NEEDED BY \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

THIS APPLICATION ***MUST*** BE SUBMITTED TO THE WATER DEPARTMENT OFFICE (MON-FRI 9:00 A.M. TO 4:30 P.M.) LOCATED AT 537 TOTOWA RD AT LEAST TWO (2) WEEKS PRIOR TO CLOSING DATE AND/OR ANY OCCUPANCY CHANGE.

UPON SUBMISSION OF THIS APPLICATION, A SITE INSPECTION WILL BE SCHEDULED TO DETERMINE THE COST OF A METER UPGRADE (PER ORDINANCE 407-25) AND OF CURB BOX OPERATION. UPON INSTALLATION, A CERTIFICATION FORM FOR SAME WILL BE COMPLETED BY THE WATER DEPARTMENT.

OFFICE USE ONLY

AC ID # \_\_\_\_\_ BOOK/PG \_\_\_\_\_ SERIAL # \_\_\_\_\_

BLOCK# \_\_\_\_\_ LOT# \_\_\_\_\_ QUALIFIER# \_\_\_\_\_

CURRENT METER TYPE \_\_\_\_\_ METER READING \_\_\_\_\_

APPOINTMENT DATE/TIME \_\_\_\_\_

METER COST \_\_\_\_\_ WORK INSEPECTED BY/DATE \_\_\_\_\_

\_\_\_\_\_ Compliant Water Meter installed, as per Ordinance 407-12

\_\_\_\_\_ Fees billed/paid for meter to be installed in future

\_\_\_\_\_ Curb box accessible

\_\_\_\_\_ Curb box NOT accessible

On the above referenced property, issuance of a Certificate of Occupancy is in order

James Niland – DPW Superintendent \_\_\_\_\_

Date \_\_\_\_\_

**Borough of Totowa Certificate of Code Compliance -- Inspection Report  
Applicant Information**

<b>Section 1</b>			
<b>Property Address</b>	<b>Block #</b>	<b>Lot #</b>	
<hr/>			
<b>Ownership Name</b>	<b>Home Phone</b>	<b>Business Phone</b>	
<hr/>			
<b>Owner Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<hr/>			
Type and use of property (check one or more)			
One Family _____ Two Family _____ Three Family _____ Commercial Residential _____			
Boarding House _____ Rooming House _____			
# of Sleeping Rooms _____ # of Rooms _____ # of Kitchens _____ # of Baths _____			
Finished Basement – Yes _____, No _____ Finished Attic – Yes _____, No _____			
Signature of Owner _____			

<b>Section 2</b>	<b>For Use by Tax Assessor</b>
One Family _____ Two Family _____ Three Family _____ Commercial Residential _____	
Boarding House _____ Rooming House _____	
# of Sleeping Rooms _____ # of Rooms _____ # of Kitchens _____ # of Bath _____	
Finished Basement – Yes _____, No _____ Finished Attic – Yes _____, No _____	
Date of Search _____ Applicant's Statement Conforms to Property Card – Yes _____, No _____	
Name of Reporting Tax Assessor _____	
Comments or violations _____	
Signature of Tax Officer _____	

<b>Section 3</b>	<b>For Use by Zoning Officer</b>
Zone _____, Conforming use Yes _____, No _____ Non-Conforming use Yes _____, No _____	
Illegal Conversion Yes _____, No _____ Legal Non-Conforming – Yes _____, No _____	
Violations _____	
Comments _____	
Signature of Zoning Officer _____	



**Section 4 For Use by Housing Officer**

Dwelling Certificate Received Dwelling Certificate Conforms Proof of Relationship Required  
 Yes \_\_\_\_\_, No \_\_\_\_\_ Yes \_\_\_\_\_, No \_\_\_\_\_ Yes \_\_\_\_\_, No \_\_\_\_\_

Violations \_\_\_\_\_

Comments \_\_\_\_\_

Signature of Housing Officer \_\_\_\_\_

**Section 5 For Use by Fire Marshall**

Smoke Detector Compliance Carbon Monoxide Detector Complies Fire Extinguisher  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Violations \_\_\_\_\_

Comments \_\_\_\_\_

Signature of Fire Marshall \_\_\_\_\_

**Section 6 For Use by Property Maintenance Officer**

Property in Conformance House Number Visible on Home  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Violations \_\_\_\_\_

Comments \_\_\_\_\_

Signature of Property Officer \_\_\_\_\_

**Section 7 For Use by Building Dept.**

Building Conforms to Plans Open Permits Date of latest C/O \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Violations \_\_\_\_\_

Comments \_\_\_\_\_

Signature of Building Official \_\_\_\_\_

**Section 8 Identification Compliance**

Buyer's Names \_\_\_\_\_

Tenants Names \_\_\_\_\_

Photo ID Rec'd - Yes \_\_\_\_\_ No \_\_\_\_\_, Yes \_\_\_\_\_ No \_\_\_\_\_, Yes \_\_\_\_\_ No \_\_\_\_\_

Proof of Relationship Provided - Yes \_\_\_\_\_, No \_\_\_\_\_

Non Conformance in any section requires approval from the C/O Review Committee