

CERTIFICATE OF SALE REQUIREMENTS
SINGLE FAMILY RESIDENTIAL – 2 CHEKS OF \$100.00 EACH
TWO FAMILY RESIDENTIAL – 2 CHECKS OF \$200.00 EACH

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:
Single Family: 2 checks of \$100.00 each, 1 for Resale and 1 for Fire Cert.
Two Family: 2 checks of \$200.00 each, 1 for Resale and 1 for Fire Cert.

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**

Section 1			
Property Address	Block #	Lot #	
<hr/>			
Ownership Name	Home Phone	Business Phone	
<hr/>			
Owner Address	City	State	Zip Code
<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 _____			

Section 2			
For Use by Tax Assessor			
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 _____			

Section 3			
For Use by Zoning Officer			
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