

# BOROUGH OF BLOOMINGDALE

## APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY

Check One: Resale  Refinance (if bank requires)

Inspection Fee: \$ 200.00

For appointment, please call Mark Lime 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 **SEALED** battery type no exceptions and have  UL label or UL listed (217) and any other approved testing lab., such as: 

2. Fire extinguisher shall be **2A-10 B:C** (no heavier than 10 pounds) and **shall be mounted**

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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: \_\_\_\_\_