



BOROUGH OF TINTON FALLS

556 TINTON AVENUE
TINTON FALLS, NEW JERSEY 07724
TELEPHONE (732)542-3400 Ext. 267
Code-zoning@tintonfalls.com

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

DATE PAID: _____ CASH: _____ CHECK#: _____

BLOCK: _____ LOT: _____

FEES PAYABLE TO: BOROUGH OF TINTON FALLS

\$150.00 Single Family Dwelling

\$75.00 Attached multi family dwelling (condo/townhome/apartments)

NO CHARGE for the first re-inspection for a CCO (continued certificate of occupancy) failure.

Each re-inspection, there-after, a fee of \$50 is required at the time of re-scheduling.

FEES ARE NOT REFUNDABLE SUMMONS WILL BE ISSUED FOR FAILURE TO OBTAIN CCO FOR ANY UNIT

PROPERTY ADDRESS: _____

PRESENT OWNER NAME: _____
(First & Last Names)

ADDRESS & ZIP CODE: _____

E-MAIL: _____ **PHONE:** _____ **CELL:** _____

DESCRIPTION OF PROPERTY: HOUSE: TOWNHOUSE: CONDO: APT

NUMBER OF BEDROOMS: _____ **Mt. Laurel Unit:** Yes No
Active Adult Community: Yes No

APPLICATION IS BEING MADE FOR: RESALE: RENTAL:

ACCESSORY HOME STRUCTURES: _____ **POOL** _____ **SHED** _____ **GARAGE**
(CURRENTLY ON PROPERTY) _____ **PATIO** _____ **DECK** _____ **FENCE**
_____ **FINSIHED BASEMENT**

All of the above required permits to have been installed therefore a permit is required for each structure in order for your CCO application to be accepted.

NAME OF BUYER/TENANT (First & Last Names) _____

LIST THE PERSONS WHO WILL OCCUPY THE DWELLING UNIT (Names & ages of children)

By the issuance of this Certificate, neither the Borough nor any of it officers or employees assume any liability, either expressed or implied, in connection therewith.

APPLICANT'S SIGNATURE _____ **PHONE#** _____

INSPECTION DATE REQUESTED _____

Section 2: External Certification Items

The property contains the following which must be CERTIFIED by PROPER Authorities (PLEASE CHECK ALL THAT APPLY)

WELL SEPTIC WOOD BURNING FIREPLACE GAS FIREPLACE

ELEVATOR

*In order to obtain CCO, the seller/agent is solely responsible for a **HEAT CERTIFICATION FOR THE FURNACE**, ALL OF THE ABOVE require documentation – Well water must be tested by a state certified lab. Septic system must be inspected, certified and cleaned out if required.*

1. OWNER SECTION (to be completed if applicant is owner in fee)

() I CERTIFY THAT THIS DWELLING AND ALL OTHER STRUCTURES ON THE PROPERTY MEET THE ZONING REQUIREMENTS OF THE BOROUGH OF TINTON FALLS.

SIGNATURE: _____ DATE: _____

2. I attest to the fact that **NO** rubbish/debris/bulk garbage will be left on this property prior to new occupancy.

Owner

Buyer

Agent

FAILURE TO COMPLY WILL RESULT IN RETRACTION OF CCO AND A SUMMONS WILL BE ISSUED. THIS APPLIES TO ALL PROPERTY WITHIN THE BOROUGH OF TINTON FALLS.

Authorized Signature

Date

3. REALTOR/AGENT SECTION (to be completed if applicant is not the owner in fee)

() I AGREE TO ADVISE HOMEOWNER THAT ALL ADDITIONS AND ACCESSORY STRUCTURES ON THE PROPERTY MUST MEET THE ZONING REQUIREMENTS OF BOROUGH OF TINTON FALLS.

REALTOR/AGENT NAME _____ *(Please print or type)*

ADDRESS _____

CITY & ZIP CODE _____,

TELEPHONE: _____ CELL PHONE: _____

SIGNATURE _____ DATE _____

**ALL UTILITIES (GAS, WATER, ELECTRIC) MUST
BE OPERATING AT TIME OF INSPECTION**

- **The Certificate of Continued Occupancy will be issued within a few days after final approval has been given (i.e. furnace, smoke detectors, well, septic, fireplace). Please allow enough time when making your application and scheduling inspections and re-inspections.**
- **By issuance of the Certificate of Continued Occupancy, neither the Borough nor any of its officers or employees assumes any liability, neither expressed nor implied, in connection therein.**

TINTON FALLS FIRE PREVENTION BUREAU
556 TINTON AVENUE
TINTON FALLS, NEW JERSEY 07724
PHONE (732) 542-3400 EXT. 267
EMAIL CODE-ZONING@TINTONFALLS.COM

APPLICATION FOR SMOKE DETECTOR, CARBON MONOXIDE ALARM AND FIRE EXSTINGUISER INSPECTION

BLOCK: _____ LOT: _____

DATE PAID: _____ CHECK # _____ CASH RECEIPT # _____

Fees are payable to *Borough of Tinton Falls*

\$50 - More than ten business days prior to occupancy change

\$95 - 4 to 10 business days prior to occupancy change

\$166 - Less than four business days prior to occupancy change

Failure on the **FIRST SMOKE** inspection, a re-inspection fee of **\$35 is required** at the time of rescheduling

PROPERTY ADDRESS: _____ APT # _____

INSPECTION TYPE: Resale ___ Rental ___ Other ___ DATE OF CLOSING/OCCUPANCY _____

TYPE OF UNIT: House ___ Townhouse ___ Condo ___ Apt ___ NUMBER OF BEDROOMS: _____

PRESENT OWNER: _____

ADDRESS: _____

EMAIL: _____ PHONE: (____) _____

BUYER/TENANT NAMES: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PERSON TO CONTACT: _____ TELEPHONE: (____) _____

Signature of Applicant _____ Date _____

NOTE: NJ State law stipulates that Smoke Detector Certificates expire 90 days from date of inspection

FOR OFFICE USE:

DATE OF INSPECTION _____

TINTON FALLS FIRE PREVENTION BUREAU

Phone: 732-542-3400 E-Mail: fireprevention@tintonfalls.com Website: www.tintonfalls.com

NEW JERSEY RESIDENTIAL SMOKE ALARM REQUIREMENTS

EFFECTIVE JANUARY 1, 2019

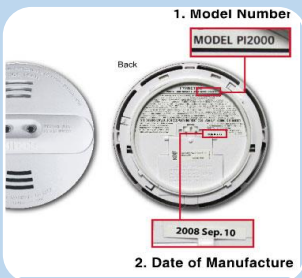
BATTERY OPERATED SMOKE ALARMS ARE REQUIRED TO HAVE A TEN-YEAR SEALED BATTERY



- HARD-WIRED (AC-POWERED) SMOKE ALARMS ARE NOT REQUIRED TO HAVE 10-YEAR BATTERY BACK-UP POWER



DO NOT REPLACE HARD-WIRED SMOKE ALARMS WITH BATTERY ONLY SMOKE



ALL SMOKE ALARMS SHALL NOT BE MORE THAN TEN YEARS OLD

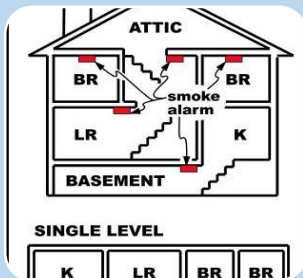
-Check the manufactured date on the back (if there is no date, it is way too old)



EXISTING HARD-WIRED SMOKE ALARMS AND INTER-CONNECTED SMOKE ALARMS MUST BE MAINTAINED

-THEY CANNOT BE REPLACED WITH BATTERY-ONLY SMOKE ALARMS

MINIMUM REQUIREMENT FOR SMOKE ALARMS



10-YEAR SEALED BATTERY-POWERED SMOKE ALARMS SHALL BE INSTALLED:

1. ON EACH LEVEL OF THE PREMISIS
2. WITHIN 10 FEET OF EACH SLEEPING AREA

ALL DETECTORS MUST BE LOCATED AS PER MANUFACTURER'S SPECIFICATIONS

THIS MINIMUM REQUIREMENT IS TYPICALLY ONLY FOR HOMES BUILT BEFORE 1977*.

*THE CODE AT THE TIME OF CONSTRUCTION OR REHABILITATION DETERMINES TYPE OF SMOKE ALARMS REQUIRED, AS WELL AS PLACEMENT. HARD-WIRED, INTERCONNECTED SMOKE ALARMS, SHALL NOT BE REPLACED WITH BATTERY-POWERED SMOKE ALARMS.

THIS GUIDANCE DOCUMENT IS TO ASSIST IN PREPARATION OF AN INSPECTION, REQUIRED IN ORDER TO OBTAIN A FIRE CERTIFICATE OF INSPECTION, AS PART OF THE CONTINUED CERTIFICATE OF OCCUPANCY PROCESS AT THE CHANGE OF OCCUPANCY FOR RESIDENTIAL PURPOSE.

THE COMPLETE STATE REQUIREMENT FOR SMOKE ALARMS CAN BE FOUND IN THE NEW JERSEY UNIFORM FIRE CODE: N.J.A.C. 5:70-4.19.

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NEW JERSEY RESIDENTIAL CARBON MONOXIDE ALARM REQUIREMENTS



PLUG-IN

**CARBON
MONOXIDE
ALARM**



**BATTERY-
OPERATED**

**CARBON
MONOXIDE
ALARM**



**HARD-
WIRED**

**CARBON
MONOXIDE
ALARM**

**CARBON MONOXIDE ALARMS SHALL BE INSTALLED, BY ANY ONE OF THESE METHODS:
WITH IN 10 FEET OF EACH SLEEPING ROOM.**

- Combination Carbon Monoxide/Smoke Alarms are acceptable, as long as all requirements are met.
- Carbon Monoxide Alarms installed as hard-wired at time of construction or rehabilitation shall remain so.



**CARBON MONOXIDE ALARMS MUST BE
MAINTAINED**

**Shall be replaced when manufacturer's
replacement date is reached**

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NEW JERSEY RESIDENTIAL FIRE EXTINGUISHER REQUIREMENTS

1

**FIRE EXTINGUISHER MUST HAVE
A MINIMUM RATING OF**

2A - 10B:C

AND BE NO MORE THAN 10 POUNDS

FOR EXAMPLE: 3-A:40-B:C rated fire
extinguisher

would also be acceptable



2

**FIRE EXTINGUISHER
MUST BE MOUNTED**

- MUST BE ACCESSIBLE & VISIBLE, NOT BEHIND CLOSED DOOR OR CABINET
- SHALL BE WITHIN 10 FEET OF KITCHEN
- LOCATED IN THE PATH OF EGRESS (TOWARDS AN EXIT)
- MUST USE THE MANUFACTURER'S MOUNTING BRACKET
- TOP OF EXTINGUISHER NOT MORE THAN 5 FEET ABOVE FLOOR



3

**FIRE EXTINGUISHER
MUST BE OPERABLE**

- EXTINGUISHER GAUGE SHALL INDICATE A FULL CHARGE
- EXTINGUISHER SHALL BE SERVICED & TAGGED BY SERVICE CONTRACTOR WITHIN THE PAST 12 MONTHS
- OR THE SELLER MUST HAVE A RECEIPT FOR RECENTLY PURCHASED EXTINGUISHER



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