

Borough of Wood-Ridge
 Application for Certificate of Zoning, Smoke Detector and Carbon Monoxide
 Compliance as Required by Borough Ordinance 248-96 and N.J.A.C. 570-4.19

TYPE OF RESIDENCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <small>(For duplex use 2 sheets)</small> <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Non-Owner Occupied *	FEE \$ 50.00 \$ 70.00 \$ 30.00 \$ 30.00	Basement <input type="checkbox"/> Finished <input type="checkbox"/> Furnace Room <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom(s) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unfinished <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Laundry <input type="checkbox"/> Family Rm <input type="checkbox"/> Wet Bar <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> CO Detector <input type="checkbox"/> Sink <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator Number of fixtures ___/___/___ <input type="checkbox"/> Garage ___ car
Street Address of Property: Seller's Name: *Seller's Address: Seller's Attorney and Phone: Sellers Realty Agent/Phone: Buyer's Name: Buyers Attorney and Phone:	First Floor <input type="checkbox"/> Kitchen <input type="checkbox"/> Living Rm <input type="checkbox"/> Dining Rm <input type="checkbox"/> Bedrooms # _____ <input type="checkbox"/> Family Rm <input type="checkbox"/> Laundry <input type="checkbox"/> Furnace <input type="checkbox"/> Garage ___ car <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> CO Detector <input type="checkbox"/> Bathroom(s) _____ Number of fixtures ___/___/___ <input type="checkbox"/> Garage ___ car <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other _____	
Second Floor <input type="checkbox"/> Kitchen <input type="checkbox"/> Living Rm <input type="checkbox"/> Dining Rm <input type="checkbox"/> Bedrooms # _____ <input type="checkbox"/> Family Rm <input type="checkbox"/> Laundry <input type="checkbox"/> Furnace <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> CO Detector <input type="checkbox"/> Bathroom(s) _____ Number of fixtures ___/___/___ <input type="checkbox"/> Other _____		
Third Floor <input type="checkbox"/> Kitchen <input type="checkbox"/> Living Rm <input type="checkbox"/> Dining Rm <input type="checkbox"/> Bedrooms # _____ <input type="checkbox"/> Family Rm <input type="checkbox"/> Laundry <input type="checkbox"/> Furnace <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> CO Detector <input type="checkbox"/> Bathroom(s) _____ Number of fixtures ___/___/___ <input type="checkbox"/> Other _____		
Outside <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Fence <input type="checkbox"/> 6 feet high <input type="checkbox"/> 4 feet high <input type="checkbox"/> Pool <input type="checkbox"/> AG <input type="checkbox"/> IG <input type="checkbox"/> Shed 3 feet off property <input type="checkbox"/> Garage ___ Cars <input type="checkbox"/> Other: _____		

I hereby certify that construction permits were applied for and issued for all alterations including building, electric, plumbing and fire in accordance with the New Jersey Uniform Construction Code.

DATE	APPLICANTS SIGNATURE:
Application must be accompanied by a check made out to the Borough of Wood-Ridge in the amount indicated above	

OFFICE USE ONLY	DATE RECEIVED:	CHECK #	Received by:
Block: Lot	Zoning District:	Zoning Classification:	Legal Non-conforming Use:
Building Dept:	Zoning Officer:	Tax Assessor:	Certificate Number
Inspector:	Date:	Pass	Fail

BOROUGH OF WOOD-RIDGE

CERTIFICATION OF PAYMENT OF TAXES

TO ACQUIRE A CERTIFICATE OF OCCUPANCY (CO)

The undersigned, Tax Collector for the Borough of Wood-Ridge, does hereby certify that property taxes for Block _____, Lot _____ on the tax map for the Borough of Wood-Ridge, also known as _____

_____ are paid in full up to and including the _____ quarter, 20____, and that there are no outstanding charges pending.

Dated: _____

Jacqueline Sharkey, CTC
Tax Collector
Borough of Wood-Ridge

In order to ensure a successful inspection, please be sure the following conditions are met before the smoke/carbon monoxide detector, fire extinguisher and zoning inspection is done.

1. No open permits exist for the property.
2. A smoke detector is located on each floor of the residence, including the basement (attic only if it is finished) and is within ten feet of each bedroom located on that floor.
3. A carbon monoxide detector is located within ten feet of each bedroom.
4. An ABC fire extinguisher is located in the kitchen or within ten feet of the kitchen. The extinguisher shall be no smaller than 2A:10B:C, rated for residential use and weigh no more than 10 lbs.

Thank you for your anticipated cooperation.

Wood-Ridge Building Department and
Wood-Ridge Fire Prevention Bureau

HOW TO LOCATE DETECTORS:

Detectors are to be located on every level of a residence, (basement, first floor, second floor) excluding crawl spaces and unfinished attics, and in every separate sleeping area, between sleeping areas and living areas such as the kitchen, garage, basement or utility room. In homes with only one sleeping area on one floor, a detector is to be placed in the hallway outside the bedrooms as shown in Figure 1. In single floor homes with two separate sleeping areas, two detectors are required, outside each sleeping area as shown in Figure 2. In multi-level homes, detectors are to be placed outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level detectors are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

AREAS NOT TO LOCATE DETECTORS:

To avoid false alarms and/or improper operation, avoid installation of smoke detectors in the following areas:

- Kitchens—smoke from cooking may cause a nuisance alarm.
- Bathrooms—excessive steam from a shower may cause a nuisance alarm.
- Near forced air ducts—used for heating or air conditioning—air movement may prevent smoke from reaching detector.
- Near furnaces of any type—air and dust movement and normal combustion products may cause a nuisance alarm.
- The 4 inch "Dead Air" space where the ceiling meets the wall, as shown in Figure 5.
- The peak of an "A" frame type of ceiling—"Dead Air" at the top may prevent smoke from reaching detector.

FURTHER INFORMATION ON DETECTOR PLACEMENT:

For further information about smoke detector placement consult the National Protection Association's Standard No. 74-1984, titled "Household Fire Warning Equipment." For Carbon monoxide alarms, their publication is Recommended Practice E720. These publications may be obtained by writing to the Publication Sales Department, National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

CARBON MONOXIDE ALARMS are to be located in every separate sleeping area per NFPA 720 and manufacturer's recommendations.

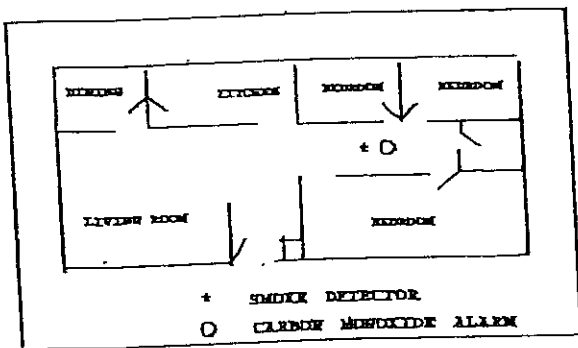


Figure 1

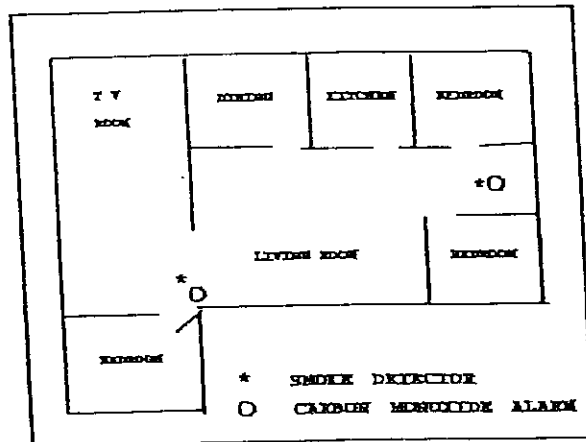


Figure 2

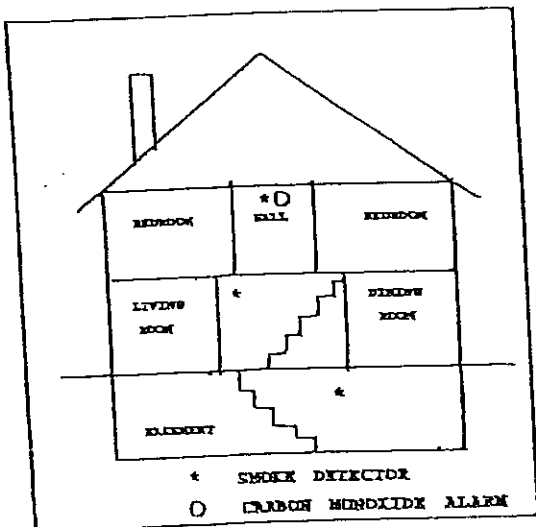


Figure 3

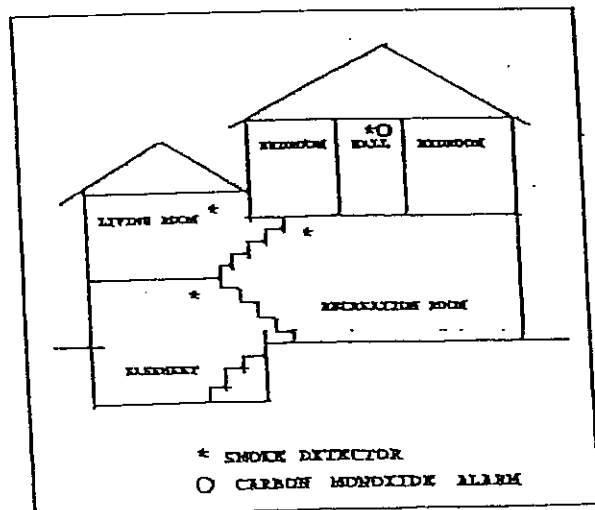


Figure 4

