

**Borough of Wood-Ridge**  
85 Humboldt Street  
Wood-Ridge, New Jersey 07075  
**Zoning Enforcement**  
Tel: (201) 939-5188 Fax: (201) 939-4424

Residential Property Seller:

Attached is an application for a Certificate of Zoning and Smoke and Carbon Monoxide Detector Compliance. The seller is required under Borough Ordinance 248-96 and N.J.A.C. 570-4.19 to obtain these documents prior to the sale or rental of any residential unit or structure.

**The Certificate of Zoning and Smoke and Carbon Monoxide Detectors is valid for six (6) months.**

The left side of the application is for notification purposes should their additional information needed and to notify you when the inspection will be conducted. The right side of the application is simply a floor and room inventory. The Zoning Officer will compare the room inventory with existing tax records, construction permits, zoning variances and any other information available in the Borough's files.

If you have mistakenly undertaken any alterations, refinishing of previously unfinished rooms, added plumbing fixtures, extended any electrical service or other work without first securing a construction permit please call this office to rectify any problems.

For your assistance a diagram showing the proper locations for smoke detectors is on the back of this page. All smoke and carbon monoxide detectors must be properly installed. This means attached to the ceiling or wall as shown in the diagram with screws. Double sided tape is not acceptable. One smoke detector must be installed on each floor level and within ten feet of all sleeping areas. Carbon monoxide detectors must be installed within 10 feet of all sleeping areas and bedrooms as shown on the diagram.

Should your home have more than four levels simply combine the floors below the front entry in the basement section and/or combine all sleeping areas in the third floor section.

The above zoning requirements (payment of fee, filing of application) will take affect on June 15, 2004. The smoke and carbon monoxide detectors requirements are in affect now.

Paul Clemente, Zoning Officer  
Borough of Wood-Ridge, New Jersey

**WHERE 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 located 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.

**WHERE 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 #720. 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.

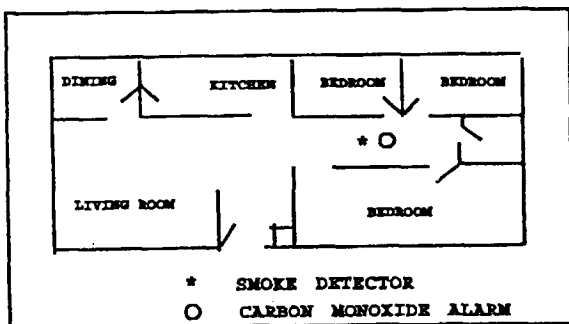


Figure 1

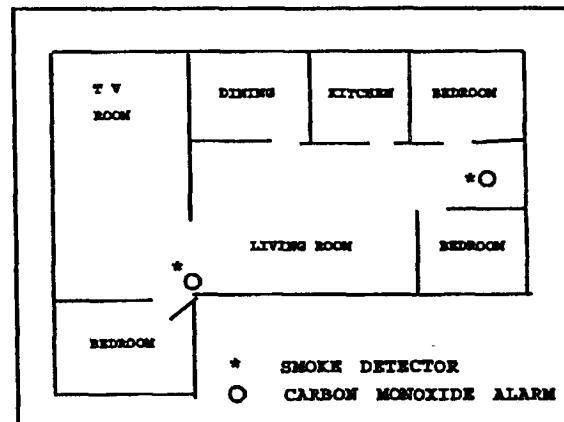


Figure 2

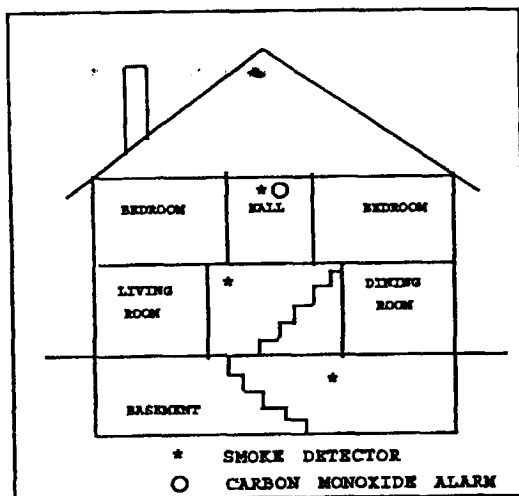


Figure 3

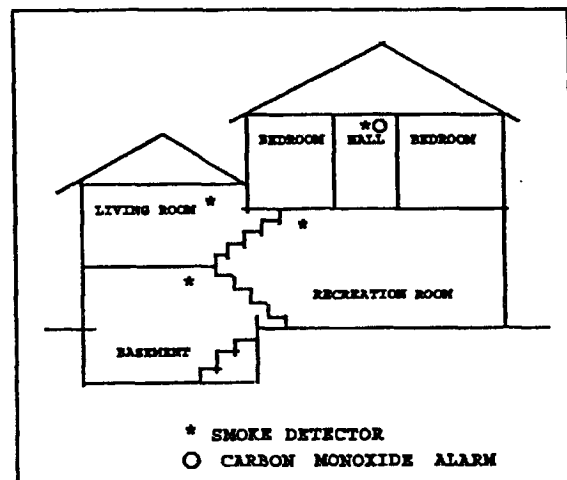


Figure 4

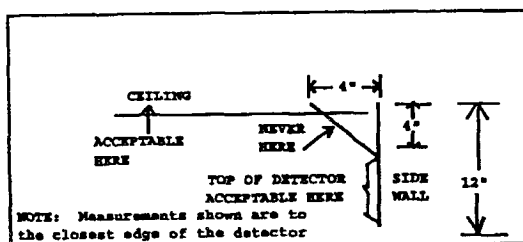


Figure 5

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

<b>TYPE OF RESIDENCY</b> <b>FEE</b> <input type="checkbox"/> Single Family      \$ <b>50.00</b> <input type="checkbox"/> Two Family      \$ <b>70.00</b> (For duplex use 2 sheets) <input type="checkbox"/> Condominium      \$ <b>30.00</b> <input type="checkbox"/> Apartment      \$ <b>30.00</b> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Non-Owner Occupied *	<b>Basement</b> <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Furnace Room <input type="checkbox"/> Laundry <input type="checkbox"/> Family Rm <input type="checkbox"/> Wet Bar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> CO Detector <input type="checkbox"/> Kitchen <input type="checkbox"/> Sink <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Bathroom(s) _____ Number of fixtures ___/___/___ <input type="checkbox"/> Garage ___ car <input type="checkbox"/> Other _____
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:	<b>First Floor</b> <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 _____
	<b>Second Floor</b> <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 _____
	<b>Third Floor</b> <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 _____
	<b>Outside</b> <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

<b>OFFICE USE ONLY</b>	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