BOROUGH OF OAKLAND

CODE ENFORCEMENT DEPARTMENT

1 MUNICIPAL PLAZA OAKLAND, NJ 07436 201-337-8111

OFFICE USE:

DATE OF INSPECTION:

TIME:

APPLICATION FOR FIRE CERTIFICATE & CERTIFICATE OF APPROVAL FOR OCCUPANCY (CAO) FOR
TENANT CHANGE OF A RESIDENTIAL DWELLING Fire Certificate = \$85.00 Certificate of Approval for Occupancy Fee = \$115.00
CHECK OR EXACT CASH; ALL CHECKS TO BE MADE OUT TO 'OAKLAND BOROUGH'
THIS APPLICATION IS ONLY VALID FOR 90 DAYS FROM DATE OF SUBMISSIONS
ALL FIELDS MUST BE COMPLETED BEFORE SUBMISSION
APPLICATION SUBMITTED BY (CIRCLE 1): OWNER OR REALTOR Move in Date:
HOMEOWNER INFORMATION:
Name of Owner: Phone: Phone:
Email Address:
Property Address:
Block: Lot: Well or City Water:
Was the house built before 1978? YES or NO If Yes, do you have a Lead Safe Cert? YES or NO If Yes, please attached a copy.
Why am I being asked the above question? As of July 2022, N.J.A.C. 5:28A requires certain rentals to have periodic inspections that were constructed prior to 1978 for the purpose of identifying lead-based paint hazards, one of the biggest sources of lead exposure for children. To read more about this visit, https://www.nj.gov/dca/divisions/codes/resources/leadpaint.html .
RENTER INFORMATION: **A Contact number & email MUST be provided for the Renter** Name of Renter:
Current Address of Renter:
Current Email of Renter:
Contact Phone Number of Renter:
of smoke detectors as per N.J.A.C. 5:18-2.20 & 4.19 & carbon monoxide detectors as per N.J.A.C. 5:70-2.3:
Number of fire extinguishers as per P.L.1991,c.92 (C.52:27D-198.01):
The issuance of a Certificate of Approval of Occupancy and Fire Certificate and the related inspections are conducted solely for the benefit of the municipality, and not for the purchaser or seller of real property. The CAO not intended as a representation of the condition of the property, or that the property is safe or meets any or all of the conditions of the CAO. The issuance of a CAO is not intended, and should <u>NOT</u> be relied upon, as evidence that the property is safe, structurally sound, and in compliance with zoning codes, fire codes, building codes, or that any of the systems serving the property are operating properly, including well, septic, electrical, plumbing, etc.
Applicant's signature: Date: Date:
Applicant's printed name:

FOR OFFICE USE ONLY:
CHECK # CASH: CCO #:
Fire Prevention Bureau: Inspection Date: Approved: Yes 🗆 No 🗔 Reasons for Denial:
Fire Inspector Signature: Date: Date:

Board of Health: Approval Date: Approved: Yes 🗆 No 🗆 Reasons for Denial:
Board of Health Inspector Signature: Date:

Building Dept: Open Permits: Yes 🗌 No 💭 Date: Admin Initials:

Code Enforcement Dept: Open Property Maintenance NOV: Yes 🗌 No 💭 Date: Admin Initials: