

**APPLICATION FOR CERTIFICATE OF APPROVAL FOR OCCUPANCY (CAO) AND FIRE CERTIFICATE
FOR RESALE OF A SINGLE AND TWO FAMILY DWELLING**

MUST SUPPLY APPLICATION 30 DAYS BEFORE CLOSING DATE

FIRE CERTIFICATE FEE: \$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 VALID FOR 6 MONTHS FROM APPLICATION DATE; APPROVALS BELOW EXPIRE 90 DAYS FROM SIGNATURE DATE.

ALL FIELDS MUST BE COMPLETED BEFORE SUBMISSION

APPLICATION SUBMITTED BY (CIRCLE 1): **OWNER OR BUYER OR REALTOR** Closing Date: _____

Please indicate if you would like the Certificate of Approval for Occupancy (CIRCLE 1): MAILED or EMAILED or PICK UP
If MAILED or EMAILED, please provide below the best address or email address:

Name of Current Owner: _____ Phone: _____

Email Address: _____

Property Address: _____

Block: _____ Lot: _____ Well or City water? _____

Name of Buyer: _____

Alternate Address of Buyer : _____

Email of Buyer: _____

Contact Phone Number of Buyer: _____

****An ALTERNATE ADDRESS, PHONE NUMBER & EMAIL MUST be provided for the Buyer – This is to ensure the Fire Prevention and Board of Health can contact them when needed****

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 NOT 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: _____

Applicant's printed name: _____

FOR OFFICE USE ONLY:

CHECK # _____ CASH: _____ CCO #: _____

Board of Health Approval:

Board of Health Signature: _____ Date: _____

COMMENTS: _____

Fire Prevention Bureau: Inspection Date: _____ Approved: Yes No

Reasons for Denial: _____

Fire Inspector Signature: _____ Date: _____

Building Dept: Open Permits: Yes No Date: _____ Admin Initials: _____

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