



Mohamed T. Khairullah
Mayor

BOROUGH OF PROSPECT PARK

106 Brown Avenue, Prospect Park, NJ 07508

www.prospectpark.net

BUILDING DEPARTMENT

James Booth
Construction Official
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FIRE SAFETY INSPECTION REQUIREMENTS - FOR RENTAL

Smoke Detectors

- **ALL HOMES MUST HAVE** TEN-YEAR SEALED BATTERY-POWERED SMOKE DETECTORS.
- BATTERY OPERATED SMOKE DETECTORS **MUST BE LOCATED:**
 - ON EACH FLOOR (INCLUDING BASEMENT AND ATTIC)
 - WITHIN TEN (10) FEET OF ALL BEDROOMS.
- BATTERY OPERATED SMOKE DETECTORS **CANNOT REPLACE** HARDWIRED SMOKE DETECTORS.
- **ALL** HARDWIRED SMOKE ALARM SYSTEMS **MUST BE** OPERATIONAL.

Carbon Monoxide

- A CARBON MONOXIDE DETECTOR **MUST BE** LOCATED IN THE:
 - WITHIN TEN FEET OF ALL BEDROOMS(THIS INCLUDES PLUG IN, BATTERY OR COMBINATION UNITS).

Fire Extinguishers

- A FIRE EXTINGUISHER (4 TO 10 LBS INTERIOR WEIGHT) IS **REQUIRED:**
 - TO BE IN ALL KITCHENS
 - TO BE MOUNTED ON THE WALL NO HIGHER THAN FIVE FEET ABOVE THE FLOOR AS PER NJ TPE 2A:10BC



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CERTIFICATE OF OCCUPANCY APPLICATION - FOR RENTAL

Chapter 90-32 of the Borough Ordinances requires a certificate of occupancy for each unit, cost of each certificate of occupancy is \$50.00. It is the owner responsibility to notify the building of any of the following:

1. Change in occupancy of the building or premises.
2. Change in use.
3. Initial occupancy of new construction.

Date: _____

Address: _____

Block/Lot: _____

Occupied Floor: () 1st () 2nd () 3rd () 4th

Rent: _____

Name of Property Owner: _____ Phone: _____

Address of Owner: _____

Email: _____

Number of People Living in Household: ____ Number of Pets: ____ (Dog/Cat licenses required Clerk's Office)

Number of Bedrooms: ____ Bathrooms: ____ Kitchens Finished: ____ Finished Basement: _____

Tenant Occupant Name: _____ Phone: _____

Address: _____ Email: _____

<u>Name of Occupants</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner-Occupied: YES ____ NO ____

IF NO, Owner ADDRESS _____ Phone: _____

Email: _____

Date and time when premises can be inspected: _____

Signature of Applicant (Owner) (Tenant)

FOR OFFICE USE ONLY

Date Received: _____ Inspection Date: _____ Inspection Time: _____

Approved: _____ Denied _____ : Building Inspector: _____