**Borough of Woodlynne**

**200 Cooper Ave, Woodlynne, NJ 08107**

**Phone: 856-962-8300 212, email: woodlynnecode@comcast.net**

**Annual Inspection Notice**

Responsible Party:

Inspection Performed at:

Date & Time of Inspection:

Inspection Type: **Initial Fire/ Housing Inspection** Date Due Fee: **$150 per unit**

Our records indicate that your property is due for an annual inspection. Enclosed is a registration form, and if applicable, a Landlord identity statement. Please complete the forms and return with a check payable to the Borough of Woodlynne.

All forms and fees must be received by the above due date or late fee will be assessed.

The owner of the property is responsible to set up an inspection of any residential property by the due date marked on the registration forms.

Some of the most common violation that the inspectors find are as follows:

1. Fire extinguishers which need services and a new tag.
2. Electrical problems, open junction boxes, missing covers, use of extension cords.
3. Improper storage near heaters, gas meters and in means of egress.
4. Inoperable smoke detectors or carbon monoxide detectors.
5. Building must be weather-tight, doors and windows operable and have no trip hazards in sidewalks.
6. All hard wired detection systems must be manually certified.

PLEASE NOTE: As of March 1st, 2004, any company that services or installs smoke detection systems, sprinkler systems, services fire extinguishers, installs or services fire suppression systems MUST have a permit issued by the NJ Division of Fire Safety or NJ Department of Consumer Affairs. We recommend that you check with your contractor.

The Borough of Woodlynne is committed to providing you with an inspection that is based on the New Jersey Uniform Fire Code and the BOCA National Property Maintenance Code/ 1993. Copies of these codes can be found at the Borough Hall.

These inspections are part of an overall effort to provide our properties and residents safe and habitable homes and businesses. If you have any questions prior to the inspection, please contact us.

This form must be completed and returned with the proper fee, payable to the Borough of Woodlynne. If this form is not received by the due date, a $30.00 late fee surcharge will be assessed. If you have any questions concerning this form, please call the Borough of Woodlynne at (856)962-8300 ext. 212

Cancellation fee of $25.00 per unit, however must notify 24 hours prior to set inspection date.

**Please, return this form to:**

Borough of Woodlynne

200 Cooper Ave,

Woodlynne, NJ 08107

**LANDLORD IDENTITY STATEMENT**

N.J.A.C. 5:29-1.2 THRU 5:29-2.2

Building Address: Due Date:

PURSUANT TO N.J.S.A. 46:87-27 THRU 37

**Please type or print all information:**

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of partnership) are as follows (name, address, email address and phone number):
2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows (name, address, email address and phone number):

( ) Record owner is not a corporation

1. If the address of any record owner is not located in the county in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from a tenant to issue receipt for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address, phone):
2. The name address of the managing agent is as follows (name, address, email address and phone number):

( ) There is no managing agent

1. A superintendent, janitor custodian or other person employed to provide regular maintenance service, are as follows (name, address including apartment number, dwelling unit, etc. email address and phone number):

( ) There is no superintendent, janitor custodian or other person employed to provide regular maintenance service.

1. The individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of any emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service of system and who has the authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows (name, address, email address, phone number)

1. The name and addresses of holder of recorded mortgages on the property are as follows:

( ) There is no record of mortgage on the property

1. If fuel oil is used to heat the building and the owner furnishes the heat, provide the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used (name, address and phone number):
2. Have you increased the rent this year: Yes - No

Last year Rent $ to This Year Rent $

1. Reason for the increase

1. A Floor plan of the building must be submitted. The Floor Plan should indicate all rooms, doors, kitchens, sleeping area, etc. with room dimensions. Note: If there is a Floor Plan on file at the Fire Department you do not need to submit a new one, unless there has been a change in the Floor Plan of the property.

1. The owner of the property is a senior citizen and qualifies under NJ State Statue 54:4-8.41 ( ) Yes ( ) No
2. Driver’s License Number for the registered owner: state:

Printed First and Last Name: Title:

 email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

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**Please, do not write below this line**

Check number: Amount: Date received:

Tax Record Checked: ( ) yes Initials:

$25.00 Cancellation Fee, need to notify within 24 hrs.

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**Tenant Information**

**Please PRINT all Information Clearly**

Year:

Property Address: Number of Units:

Owner/ Agent First and Last Name: Phone:

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information below MUST be updated/ provided each year**

**Unit # 1 Room Dimensions\*\***

Name of each occupant of this unit Age Phone LR

 DR

 BR #1

 BR#2

 BR#3

 BR#4

**Unit # 2 Room Dimensions\*\***

Name of each occupant of this unit Age Phone LR

 DR

 BR #1

 BR#2

 BR#3

 BR#4

**Unit # 3 Room Dimensions\*\***

Name of each occupant of this unit Age Phone LR

 DR

 BR #1

 BR#2

 BR#3

 BR#4

**Unit # 4 Room Dimensions\*\***

Name of each occupant of this unit Age Phone LR

 DR

 BR #1

 BR#2

 BR#3

 BR#4

**Unit # 5 Room Dimensions\*\***

Name of each occupant of this unit Age Phone LR

 DR

 BR #1

 BR#2

 BR#3

 BR#4

\*\*Room dimensions MUST be provided, even if the floor is on file with the Fire Department

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**Phone: (856)962-8300 212, FAX: (856)962-8763, email: woodlynnecode@comcast.net**

**Application for Certificate of Fire Inspection**

**Please type or print all information**

Address of Building: Woodlynne, NJ 08107

Unit’s#: Business Phone:

1. Owner of Property, First & Last Name:

Home Address: City:

State: Zip: Cell/ Daytime Phone:

Home Phone: email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

First & Last Name: Phone:

First & Last Name: Phone:

email address

Owner of Property, First & Last Name:

Home Address:

City: State: Zip:

Cell/ Daytime Phone: Home Phone:

**Emergency Contacts:**

First & Last Name: Phone:

First & Last Name: Phone:

1. Owner of Property, First & Last Name:

Home Address:

City: State: Zip:

Cell/ Daytime Phone: Home Phone:

**Indicate who you wish the registration information to be forwarded to:**

Property Owner: ( ) Business Owner: ( ) Other / Agent: ( )

Signature of Applicant: Date:

**Please, do not write below this Line**

Date Received: Amount: Check#:

Date to be inspected: Time, between to:

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**(856)962-8300 212, FAX (856)962-8763,** **woodlynnecode@comcast.net**

**Residential smoke Detector, Carbon Monoxide and Fire Extinguisher Alarm**

**Placement and Mounting Information**

**The Borough of Woodlynne, in conjunction with State and Local Laws, requires a Certificate for Smoke Detectors, Carbon Monoxide alarms and Fire Extinguisher compliance (CSDCMAC) inspection for the sale of a property.**

**The proper placements of these devices are listed below.**

1. **A smoke detector is required on each level of the property, and they need to be located in the common areas. These common areas are normally the basement, 1st floor living room, dining room or hallway, the bedroom hallways (within 10ft of the sleeping areas doors) and the attic area. Detectors now require a 10 year battery type.**
2. **WHERE REQUIRED IN R-2 USE GROUPS carbon monoxide,**
	1. **Outside every sleeping area.**
	2. **Every level of the property.**
	3. **Within 10 feet of any fuel – burning appliance.**
	4. **Installation must be according to manufacturer instructions.**

**NEW PORTABLE FIRE EXTINGUISHER REQUIREMENTS**

**New Jersey State regulations require that a fire Extinguisher must meet a certain set of criteria. It need to be located within ten feet or visible from the kitchen and mounted to the wall. It should be no heavier than 10 pounds and no higher than five feet off the ground.**

**It also needs to meet 2A:10 BC minimum rating requirements.**

**Please make necessary upgrades to comply with this regulation.**

**CONSTRUCTION OFFICIAL**

**RENTAL FIRE INSPECTION**

**WOODLYNNE, NEW JERSEY**