

TOWNSHIP OF WEST MILFORD Office of the Township Clerk 1480 Union Valley Rond West Milford, New Jersey 07480 973-728-7000 FAX 973-728-2704

# RENTAL HOUSING DWELLING UNIT REGISTRATION FORM INSTRUCTIONS

- 1. Complete all applicable sections on 2-page form.
- 2. Completed form must be brought in person to Clerk's Office.
- 3. Clerk's office will stamp date received. Original is filed with Clerk's office.
- 4. Landlord is to distribute a copy to the tenant, a copy to the Zoning office, a copy to the Fire office for inspections and must maintain a copy for their files.
- 5. A Change of Tenant requires a new fire inspection only please contact the Fire Office at 973-728-2840.
- Any change of landlord, manager, address and/or phone numbers should be filed with the Clerk's Office at 973-728-2701.

The following sheets are also included for your reference:

Residential Fire Safety Certification sheet for fire inspections & Instructions for house numbering requirements.

New Jersey Department of Community Affairs Regulations for the Landlord Identity Registration Form

# LANDLORD IDENTITY REGISTRATION STATEMENT ONE AND TWO-UNIT DWELLING REGISTRATION FORM

The form of the certificate of Registration to be filed with the municipal clerk and distributed to tenants by owners or non-owner occupied one and two unit dwellings shall be substantially as follows:

| (1)    | Property Address (with hou                                                                                                                                                                                                                                                                                                                   | se #)           | Blo              | ck:             | Lot: |  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|------|--|
| (2)    | The names and addresses o<br>(including all general partne                                                                                                                                                                                                                                                                                   |                 |                  | -               |      |  |
| Check  | One: Corporation                                                                                                                                                                                                                                                                                                                             | Individual      | Business         |                 |      |  |
| (3)    | If the record owner is a corporation, the names, addresses, telephone number of all registered agents and of the corporate officers are as follows:                                                                                                                                                                                          |                 |                  |                 |      |  |
| Email: |                                                                                                                                                                                                                                                                                                                                              |                 | Tele             | ephone:         |      |  |
| Name:  |                                                                                                                                                                                                                                                                                                                                              |                 |                  |                 |      |  |
| Addres | SS:                                                                                                                                                                                                                                                                                                                                          |                 |                  |                 |      |  |
| (4)    | If the address of any record owner is not located in the county in which the dwelling is located,<br>list below person who resides in the county and is authorized to accept notices from a tenant,<br>to issue receipts for those notices and to accept service of process on behalf of the out-of-county<br>record owner(s) is as follows: |                 |                  |                 |      |  |
| The ad | dresses of all record owners                                                                                                                                                                                                                                                                                                                 | n the county in | which the dwelli | ing is located: |      |  |
| Email: |                                                                                                                                                                                                                                                                                                                                              |                 | Tele             | ephone:         |      |  |
| Name:  |                                                                                                                                                                                                                                                                                                                                              |                 |                  |                 |      |  |
| Addres | ss:                                                                                                                                                                                                                                                                                                                                          |                 |                  |                 |      |  |
| (5)    | The name and address of th                                                                                                                                                                                                                                                                                                                   |                 |                  |                 |      |  |
| Email: |                                                                                                                                                                                                                                                                                                                                              |                 | Tel              | ephone:         |      |  |
| Name:  |                                                                                                                                                                                                                                                                                                                                              |                 |                  |                 |      |  |
| Addres | ss:                                                                                                                                                                                                                                                                                                                                          |                 |                  |                 |      |  |
|        |                                                                                                                                                                                                                                                                                                                                              |                 |                  |                 |      |  |

Check here if there is no managing agent.

(6) The name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service is as follows:

Check here if there is no superintendent, janitor, custodian or other person employed to provide regular maintenance service.

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

| Email: | Telephone:                                                                                                                                                                                       |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:  |                                                                                                                                                                                                  |
| Addres | 55:                                                                                                                                                                                              |
| (8)    | The name and addresses of all holders of recorded mortgages on the property are as follows:                                                                                                      |
| Name:  | ·                                                                                                                                                                                                |
| Addres | 55:                                                                                                                                                                                              |
| 🗖 Ch   | eck here if there is no mortgage on the property.                                                                                                                                                |
| (9)    | If fuel oil is used to heat the building and the landlord furnishes the heat, then name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows: |
| Name:  |                                                                                                                                                                                                  |
| Addres | SS:                                                                                                                                                                                              |
| 🗖 Ch   | eck here if the building is not heated by fuel oil.                                                                                                                                              |
| 🗖 Ch   | eck here if the building is heated by fuel oil, but the landlord does not furnish heat.                                                                                                          |
| 🗖 Ch   | eck here I am submitting Insurance Registration Form, insurance certificate and fee to Clerk's Office                                                                                            |
| Date   | Landlord or Authorized Representative Signature                                                                                                                                                  |
| Landlo | rd or Authorized Representative Signature Telephone #:                                                                                                                                           |
|        | SEND COMPLETED FORMS, CERTIFICATE OF INSURANCE AND FEE TO MUNICIPAL CLERKS OFFICE<br>COPY OF RENTAL FORM TO TENANT                                                                               |



# TOWNSHIP OF WEST MILFORD

1480 Union Vallev Road West Milford. NJ 07480 Tel: (973) 728-2840 Fax: (973) 728-2880

#### Certificate of Smoke Detector, Carbon Monoxide Alarm, & Fire Extinguisher Compliance <u>Effective January 1, 2021</u>

#### WHEN CERTIFICATION IS NEEDED:

Upon resale or occupant change (*including rental units*), fire extinguisher, smoke and CO detector certification is required in all one and two family homes and some condominium units in the State of New Jersey as per N.J.A.C. 5:70-2.3 and N.J.A.C. 5:70-4.19 et seq. Failure to obtain certification can result in a fine up to \$2500.00 as per the State of New Jersey Uniform Fire Code. <u>HOUSE NUMBERS ARE ALSO REQUIRED. NO CERTIFICATE</u> WILL BE ISSUED UNLESS MINIMUM FOUR INCH HOUSE NUMBERS ARE VISIBLE FROM THE STREET AS PER TOWNSHIP ORDINANCE 2009-021.

### **TYPES OF DETECTORS REQUIRED:**

- 1. Detectors must be checked by the owner or his agent, prior to certification. Detectors shall be UL listed.
- 2. CO Detectors must be installed in any family living unit containing a fuel-burning appliance, fireplace, woodstove or having an attached garage.
- 3. Existing electrical detectors must operate as designed and may not be replaced with battery-operated detectors. If the <u>existing electrical detectors work</u>, but additional detectors required in cathedral ceilings those may be battery operated.
- 4. Smoke Detectors and Carbon Monoxide Detectors shall be less than 10 years old. Dates of manufacture can be located on the detector.
- 5. All single station battery operated smoke detectors, shall be 10 year sealed battery smoke detectors only. *Effective January 1, 2019*
- 6. Any home that has a central station monitored fire alarm system installed at time of construction must be maintained and operable. A NFPA 72 fire alarm test report and documentation that the system is being monitored must be provided or a certificate will not be issued. As per the IRC NJ Edition the system shall become a permanent fixture and shall not be removed.

#### SMOKE AND CARBON MONOXIDE DETECTOR LOCATIONS (REFER TO DIAGRAM):

#### Smoke Detector Locations

Smoke detectors shall be located one per each level of the home within 10 (ten) feet of every bedroom door between the door and the living area.

Note 1: The basement detector must be mounted on the basement ceiling, within three feet of the stairwell.

*Note 2:* When installed on the wall, smoke detectors must be placed no less than 6" or more than 12" from the ceiling.

*Note 3:* Cathedral ceilings are considered a level and must have a smoke detector within 12" measured vertically of the highest point.

#### Carbon Monoxide Detector Locations

1. CO Detectors shall be centrally located outside of each sleeping area within ten feet of every bedroom door.

2. The detectors shall be listed in accordance with UL-2034, and installed in accordance with the manufacturer's instructions.

3. CO Detectors may be plug-in or battery type, or combination units (smoke and carbon monoxide).

#### FIRE EXTINGUISHER LOCATION AND INSTRUCTIONS:

An ABC type fire extinguisher minimum rating of 2A-10B:C no more than 10 pounds must be mounted on the wall with brackets supplied by the manufacturer:

- 1. Within 10 (ten) feet of the kitchen and located in the path of egress.
- 2. The top of the extinguisher shall not be located more than five feet above the floor.
- 3. The extinguisher shall be readily accessible and not obstructed from view.
- 4. The extinguisher shall be serviced and tagged by a certified Division of Fire Safety contractor within the past 12 months or the seller must have a receipt for a recently purchased extinguisher.

#### **BUREAU SCHEDULE AND FEES:**

A fee of <u>\$55.00</u> will be charged for certifications requested more than <u>10 business days</u> prior to closing. A fee of <u>\$100.00</u> will be charged for certifications requested <u>four to ten business days</u> before closing and a fee of <u>\$165.00</u> will be charged for certification requests <u>less than four business days</u> before closing as per Township Ordinance 2020-20 .\*\* <u>Checks are to be made payable to the Township of West Milford Fire Marshal</u>. Certificates are valid for six months from the date of issue and are not transferable.

\*\*There will be an additional \$50.00 fee for any re-inspections. Scheduling Hours: 8:30 a.m. to 4:30 p.m., Monday through Friday.

Inspections are scheduled for Wednesday's, 9:00 a.m. to 3:30 p.m.

#### ₩ WHERE TO LOCATE SMOKE 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 put 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 should be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level detectors should be located in the bottom of basement stairwells as shown in Figure 4.

#### WHERE NOT TO LOCATE SMOKE 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.

Forced air ducts used for heating or air conditioning or paddle fans: air movement may prevent smoke from reaching detectors.

Near furnaces of any type - air and dust movement and normal combustion products may cause a nuisance alarm.

The "Dead Air" space where the ceiling meets the wall, as shown in Figure 5.

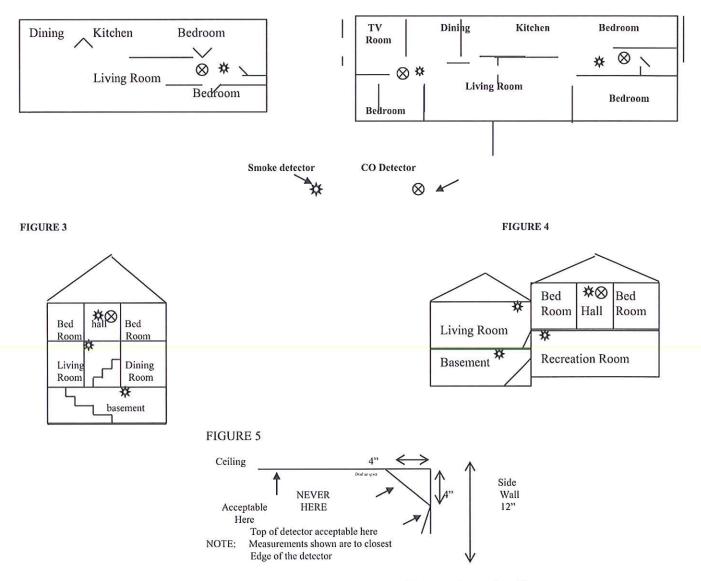
The peak of an "A" frame type of ceiling "Dead Air" at the top may prevent smoke from reaching the detector.

# GENERAL INSTALLATION OF CO DETECTORS: $\bigotimes$

CO detectors shall be located in every sleeping area as Figure 1, Figure 2, Figure 3 and Figure 4 below. All CO detectors should be installed in a competent manner and in accordance with the manufacturer's installation instructions. All CO alarms or detectors should be located and mounted so that accidental operation will not be caused by jarring or vibration. All CO alarms or detectors should be supported independently of their attachment to wires.

#### FIGURE 1

#### **FIGURE 2**



Remember: Detectors over ten years old - must be replaced!

Also, for Residential Fire Safety Certification - the following is required (part of Ordinance 2009-021)

#### § 90-3. Display of numbers.

All *bulldings within* the boundaries of the Township of West Milford shall display their house number in numerals of at least *four 4* inches in height pursuant to N.J.A.C. 6:70-3 and Section 505.1 of the New Jersey Uniform Fire Code, in clear view by the front entrance door of their residence. If the residence has a street malibox, it shall also have the house number displayed on it. All numbers shall be displayed in such away that they are visible to persons passing by the premises on the abutting street. If a residence is not viewable from the street, numerals conforming to the specifications above shall also be placed at an area located on the property which is visible from the abutting street

### § 90-4. Issuance of certificate of occupancy.

No certificate of occupancy or smoke detector certifications will be issued by the Building Inspector or Fire Bureau or anyone in his Department for the occupancy of any building unless the provisions of the foregoing section or sections shall have been complied with.

§ 90-5, Enforcement,

The provisions of this Chapter shall be enforced by the Township Zoning Officer or Fire Bureau.

§ 90-6. Violations and penalties.

Properly owners found to be in violation of this chapter shall be subject to the following penalties:

- A. First Offense: Property owner shall receive a written warning notice from the Township. Such notice shall allow the property owner one (1) week in which to cure the violation.
- B. Second and Subsequent Offenses: Property owner shall receive a fine of \$75.00 per offense,





New Jersey Department of Community Affairs Division of Codes and Standards Landlord-Tenant Information Service



## REGULATIONS FOR THE LANDLORD IDENTITY REGISTRATION FORM

#### N.J.A.C. 5:29-1.1 Printed June 2011

5:29-1.1 Applicability

- (a) Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by <u>landlords to tenants</u> in single unit dwellings and in two – unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.
- (b) Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and N.J.A.C. 5:10-1.11. (Contact the Bureau of Housing Inspection, P.O. Box 810, Trenton, New Jorsey 08625 (609) 633-6240 for registration applications for buildings with three or more dwelling units)

THE ATTACHED FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO UNIT DWELLINGS THAT ARE NOT OWNER-OCCUPIED, (DO <u>NOT</u> SEND THIS STATEMENT TO LANDLORD-TENANT INFORMATION SERVICE)

Similar forms may be obtained from private sources. You may obtain a copy of the form by faxing your request to (609) 609-292-2839 or by writing to:

New Jersey Department of Community Affairs Division of Codes and Standards Bureau of Homeowner Protection Landlord-Tenant Information Service P.O. Box 805 Trenton, New Jersey 08625-0805