Borough of Cresskill
67 Union Avenue, Cresskill New Jersey 07626
Construction Official & Zoning Officer, Bob Rusch
Certificate Coordinator, Linda Ziccarelli
Email: lziccarelli@cresskillboro.org
Phone: (201) 569-5400
Fax: (201) 569-3714

Residential Resale/Rental Certificate Application

Date Received: _____ Contact Name/Phone #: _____

Type of Transfer: ◯ Rental *(Change of Tenant)* ◯ Resale *(Change of Owner)*

Type of Property: ◯ Single Family ◯ Two Family ◯ Multi-Family ◯ Condominium ◯ Townhome ◯ Apartment

Property Location: _____

Block: _____ Lot: _____ Qualifier (if applicable): _____

Seller/Owner Name: _____ Phone #: _____

Seller/Owner Email: _____

Seller/Owner Current Address: _____

Buyer/Tenant Name: _____ Phone #: _____

Buyer/Tenant Email: _____

Buyer/Tenant Current Address: _____

# of Kitchens: _____ # of Bathrooms: _____ # of Bedrooms: _____ Closing Date: _____

What year was the house was built? (if applying for a **rental** certificate and the house was built before 1978, please also fill out the application for a **Lead-Based Paint Hazard Inspection**): _____

Are there any open permits? If yes, all permits must be inspected and closed prior to the resale/rental inspections: ◯ Yes ◯ No

Is the alarm system monitored? If yes, please have the password or someone to turn it off on site for the inspection: ◯ Yes ◯ No

Do you have a real estate sign on the property? If yes, fill out a sign permit or include a permit number: ◯ Yes _____ ◯ No

Please note: Rental application should be submitted with a valid Landlord Registration Certificate and Insurance

_____ _____

Signature of seller/owner/agent/power of attorney *Date*

The signing of this document indicates that you have read and will comply with all written requirements

Please make checks payable to ***Borough of Cresskill.*** One check can be made for both Building and Fire inspections.

Date Received: _____
Check #: _____
Received by: _____
App #: _____

Requests made more than 10 business days prior to inspection: **$200**
Between 4-10 business days prior to inspection: **$250**
Less than 4 business days prior to inspection: **$300**
Re-inspection fee (if the first inspection should fail): **$50**

← **Scan for Requirements**

Building Inspection Date: _____

Building Inspection Time: _____

Borough of Cresskill – Division of Fire
51 Madison Avenue, Cresskill New Jersey 07626
Fire Chief, Christopher Ulshoefer
Phone: (201) 568-0030

Smoke Detector & Carbon Monoxide Alarm Compliance Certificate Application

Date Received: _____

◯ Rental *(Change of Tenant)* ◯ Resale *(Change of Owner)*

Property Location: _____

Block: _____ Lot: _____ Qualifier (if applicable): _____

Type of Property: ◯ Single Family ◯ Two Family ◯ Multi-Family ◯ Condominium ◯ Townhome ◯ Apartment

Type of Detectors Present: ◯ Battery ◯ Hardwired (110V) ◯ Alarm System*

*Properties with an alarm system present as the primary system shall provide an NFPA 72 compliant inspection report at the time of inspection. The date on inspection report cannot be more than thirty (30) days prior to this inspection.

Applicant Name: _____ Phone #: _____

Applicant Email: _____

Applicant Current Address: _____

Current Legal Name of Property Owner: _____
(Print as you wish to appear on the certificate)

Fire inspections can be scheduled Monday-Friday between 9:30am-11:30am
Certificates will be available after 12:00pm on the next business day after the inspection

Inspection Date: _____ Lead Inspection: ◯ Yes ◯ No ◯ Not Applicable

Re-Inspection: _____

Scan for Inspection Requirements

For Office Use Only:

Amount Paid: _____

Method of Payment: ◯ Cash ◯ Check _____

◯ Online Payment

Scheduled by: _____

Sent ◯ _____