

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: ORe	ntal (Change of Tend	nant) () Resale (Change of Owner)	
Type of Property: () Sing	gle Family () Two F	Family () Multi-Family () Condominium () Townhome () Apartment	
Block:	Lot:	Qualifier (if applicable):	
Seller/Owner Name:		Phone #:	
Seller/Owner Email:			
Seller/Owner Current Ado	dress:		
Buyer/Tenant Name:		Phone #:	
Buyer/Tenant Email:			
Buyer/Tenant Current Ad	ldress:		
# of Kitchens: # o	f Bathrooms:	# of Bedrooms: Closing Date:	
What year was the house	was built? (if applying	g for a <b>rental</b> certificate and the house was built before 1978, please also fill out the application	
for a <b>Lead-Based Paint Haza</b>	rd Inspection):		
Are there any open permi	ts? If yes, all permits mu	ust be inspected and closed prior to the resale/rental inspections: OYes ONo	
Is the alarm system monit	tored? If yes, please hav	ve the password or someone to turn it off on site for the inspection: O Yes O No	
		y? If yes, fill out a sign permit or include a permit number: O YesO No	
	at/power of attorney		
The signing of this	document indicate	es that you have read and will comply with all written requirements	
Please make checks <sub>l</sub>	payable to <i>Borough o</i>	of Cresskill. One check can be made for both Building and Fire inspections.	
Date Received:		Requests made more than 10 business days prior to inspection: \$100	
Check #: Received by:		Between 4-10 business days prior to inspection: <b>\$150</b> Less than 4 business days prior to inspection: <b>\$250</b>	
App #:		Re-inspection fee (if the first inspection should fail): \$50	
		Building Inspection Date:	
	Scan for Require	ements 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 o	f Tenant)
Property Location:	
Block: Lot:	Qualifier (if applicable):
Type of Property: O Single Family O Two Fam	nily ( Multi-Family ( ) Condominium ( ) Townhome ( ) Apartment
Type of Detectors Present:	rdwired (110V) Alarm System*
	primary system shall provide an NFPA 72 compliant inspection report at eport 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-Frida Certificates will be available after 12:00pm on th	
1	·r
Inspection Date:	Lead Inspection: O Yes O No O Not Applicable
Re-Inspection:	
Scan for Inspection Requirements	For Office Use Only:
[1111   1   111	Amount Paid:
	Method of Payment:
:	Online Payment
	Scheduled by:

Sent()\_