



# City of Bayonne

## BUILDING DEPARTMENT

630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6073

Fax (201) 858-6122



*James M. Davis, Mayor*

*Joseph Benkert, Acting Construction Official*

### **TEMPORARY PROCEDURES FOR ACQUIRING CERTIFICATES OF CONTINUED OCCUPANCY (CCOs) FOR OCCUPIED RESIDENTIAL STRUCTURES**

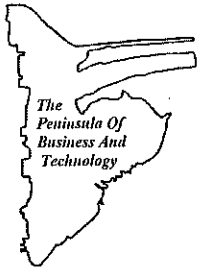
*FOR IMMEDIATE RELEASE BY THE ORDER OF THE ACTING CONSTRUCTION OFFICIAL*

CCO INSPECTIONS FOR OCCUPIED STRUCTURES WILL BE TEMPORARILY SUSPENDED:

Any property owner who requires a CCO to be issued and the structure is residential **and** occupied, will not be subject to an inspection PRIOR to the issuance of the CCO. An owner of an occupied structure will be required to submit to the Construction Official a sworn certification that the structure satisfies the City's CCO requirements. You are required to comply with the following procedures to acquire a CCO of occupied residential structures:

1. SUBMIT THE FOLLOWING TO THE BUILDING DEPARTMENT BY MAIL OR IN PERSON  
With a check or money order made payable to The City of Bayonne: (memo – Property address)
  - (a) CCO application (attached);
  - (b) Application and Certification in Lieu of Inspection for Certificate of Smoke Detector and Carbon Monoxide Alarm and P01 table Fire Extinguisher Compliance (attached).
  - (c) Zoning Enforcement Displacement Certification In Lieu of Affidavit (attached).
  - (d) CCO sworn Certification under oath and subject to penalties of perjury.
  - (e) Payment of the required fee has been paid in full and submitted to the Building Department pursuant to the attached payment schedule attached to this memo via mail.
  
2. NO OTHER CHANGES: Other than the matters as specifically discussed above, there are NO OTHER CHANGES with the processes and procedures at the Building Department. It will be business as usual.

If you have any questions, please do not hesitate to call (201) 858-6073, via facsimile to (201) 858-6122 or email [mkaniewski@baynj.org](mailto:mkaniewski@baynj.org) with simultaneous copy to [jsebik@baynj.org](mailto:jsebik@baynj.org). We will try our best to work with everyone as usual so that your projects and business with the Building Department remains uninterrupted during this time. This may be amended and/or supplemented as the need arises.



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### CCO APPLICATION

Page 1 of 2

**PLEASE PROVIDE THE REQUESTED INFORMATION SET FORTH BELOW  
INCOMPLETE OR FALSE RESPONSES MAY RESULT IN REJECTION OF  
APPLICATION.**

(1) Today's Date: \_\_\_\_\_

(2) Anticipated Date of Closing: \_\_\_\_\_

(3) Name of Property Owner: \_\_\_\_\_

(4) Full Address of Property Requiring CCO:

\_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

(5) Address of Owner (if different than Property Address):

\_\_\_\_\_

(6) Contact Telephone/Cell/Facsimile Number(s) of Property Owner:

\_\_\_\_\_

(7) Email Address of Owner:

\_\_\_\_\_

(8) Name and Contact Information of Lawyer Representing Owner in RE Sale Transaction:

\_\_\_\_\_

# CCO APPLICATION

Page 2 of 2

(9) Telephone / Cell / Facsimile / Email address:

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(10) Name and Contact Information of Realtor Representing Owner in RE Sale Transaction:

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(11) Name of Property Purchaser:

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(12) Address of Property Purchaser:

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(13) Contact Telephone / Cell / Facsimile Number(s) of Property Purchaser:

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(14) Email Address of Purchaser: \_\_\_\_\_

(15) Name and Contact Information of Lawyer Representing Purchaser in RE Sale Transaction:

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Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email Address: \_\_\_\_\_

(16) Name and Contact of Realtor Representing Buyer in RE Sale Transaction:

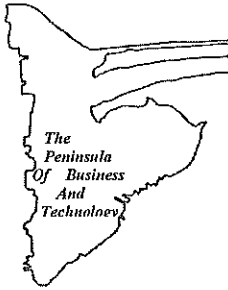
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Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION IN THIS REGARD**



# CITY OF BAYONNE BUILDING DEPARTMENT

630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6073

Fax (201) 858-6122



James M. Davis, Mayor

Joseph Benkert, Acting Construction Official

## **SELF-REPORTING CERTIFICATION** **FOR CERTIFICATES OF CONTINUED OCCUPANCY (CCOs)** **FOR OCCUPIED RESIDENTIAL STRUCTURES**

I, \_\_\_\_\_, owner of \_\_\_\_\_

Bayonne, New Jersey 07002, BLOCK \_\_\_\_\_ - LOT \_\_\_\_\_, hereby certifies under penalties or perjury, that the foregoing the CCO requirements set forth and checked off on the attached two (2) pages are completed in a satisfactory manner and further that my statements and representations made herein are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to penalty.

The Building Department reserves its right to inspect the property at any time to insure full and faithful compliance with the CCO requirements attached hereto. Further, if upon inspection of the Building Department, it is determined that any statement or representation made herein is untrue, the OWNER and PURCHASER of the property could subject to issuance of violations for making a false statement and misleading the Construction Official.

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY SIGNATURE:

APPLICANT SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

PRINT APPLICANT'S NAME

\_\_\_\_\_

NOTARY STAMP

COMMISSION EXPIRES: \_\_\_\_\_

**CERTIFICATE OF CONTINUED OCCUPANCY (CCO) REQUIREMENTS**

**CHECK EVERY ITEM TO INDICATE COMPLIANCE**

ITEM	<input checked="" type="checkbox"/>
<b>ADMINISTRATIVE</b>	
COMPLETE AND RETURN APPLICATION	
NO CONSTRUCTION PERMITS STILL REQUIRING INSPECTIONS (OPEN PERMITS)	
NO CONSTRUCTION VIOLATIONS REQUIRING ABATEMENT OR WITH FINES UNPAID (OPEN VIOLATION(S))	
NO OUTSTANDING MATTERS WITH ZONING (VIOLATIONS, COURT SUMMONS, ETC.)	
NO OUTSTANDING MATTERS IN REGARD TO THE USE (1 FAMILY, 2 FAMILY, MULTI-FAMILY, MIXED-USE, ETC.)	
NO WORK DONE AT THE PROPERTY WITHOUT PERMITS WHICH SHOULD HAVE BEEN OBTAINED	
COMMERCIAL AND MULTI-FAMILY BUILDINGS MUST BE UP TO DATE WITH STATE AND CITY FIRE AND D.C.A. HOUSING INSPECTIONS AND CERTIFICATES	
<p align="center"><b>NOTE: ALL OF THE ABOVE MATTERS MUST BE RESOLVED WITH THE PROPER DEPT. PRIOR TO SCHEDULING A CCO INSPECTION.</b></p> <p align="center"><b>THE "ZONING ENFORCEMENT DISPLACEMENT CERTIFICATION IN LIEU OF AFFIDAVIT" FORM (AVAILABLE AT THE BUILDING DEPT. MUST BE COMPLETED AND RETURNED WHEN YOU ARRIVE AT THE BUILDING DEPT. TO PAY FOR THE C.C.O.</b></p>	
<b>SMOKE/CARBON MONOXIDE ALARMS</b>	
ALL EXISTING FIRE PROTECTION EQUIPMENT / DEVICES MUST BE OPERABLE AND IN GOOD REPAIR	
EVERY LEVEL OF THE BUILDING ACCESSIBLE BY INTERIOR STAIRS NEEDS AT LEAST 1 SMOKE, 1 CARBON MONOXIDE ALARM OR 1 SMOKE/CARBON MONOXIDE COMBO (INCLUDING UNFINISHED BASEMENTS AND ATTICS ACCESSED VIA STAIRS.)	
EVERY SLEEPING AREA (BEDROOM, ETC.) MUST HAVE A SMOKE & CO ALARM IN THE IMMEDIATE VICINITY (10 FT.)	
COMMON AREAS (HALLWAYS) MUST HAVE SMOKE ALARM(S)	
COMMON AREA(HALLWAYS & BASMENTS) SMOKE ALARMS IN MULTI-FAMILY DWELLINGS(3 OR MORE UNITS) MUST BE HARDWIRED & INTERCONNECTED	
MIXED-USE BUILDINGS MUST HAVE THE COMMERCIAL ALARMS INTERCONNECTED TO RESIDENTIAL COMMON AREA	
COMMERCIAL UNITS MUST NOW HAVE A CARBON MONOXIDE ALARM	
ALL SINGLE STATION BATTERY OPERATED SMOKE (AND/OR COMBO SMOKE/ CO) ALARMS (POWERED BY BATTERY ONLY, NOT HARDWIRED W/ BATTERY BACKUP) <u>MUST BE 10 YEAR SEALED BATTERY ALARMS</u>	
SMOKE (AND/OR COMBO SMOKE/ CO) ALARMS MUST BE INSTALLED EITHER ON THE CEILING 12 INCHES FROM THE WALL OR ON THE WALL 12 INCHES FROM THE CEILING	
<b>FIRE EXTINGUISHER(S)</b>	
PORTABLE FIRE EXTINGUISHERS (2A10BC) MUST BE MOUNTED WITHIN 5 FT. OF KITCHENS PER STATE REGULATIONS	
<b>ELECTRICAL</b>	
ALL ELECTRICAL RECEPTACLES WITHIN 6 FEET OF A WATER SOURCE (KITCHENS, BATHROOMS, BASEMENT LAUNDRY, ETC.) MUST BE GFCI (GROUND FAULT CIRCUIT INTERRUPTER) PROTECTED	
ALL EXTERIOR RECEPTACLES MUST BE GFCI PROTECTED AND HAVE WEATHERPROOF, "IN USE" COVERS	
ALL ELECTRICAL BOXES MUST BE COVERED	
ALL BREAKER SLOTS IN PANELS MUST EITHER HAVE A BREAKER OR BE COVERED WITH A FILLER PLATE (DUMMIE BREAKER)	
NO OTHER ELECTRICAL HAZARDS (HANGING OR LOOSE UNPROTECTED WIRES, OPEN ELECTRICAL BOXES, ETC.)	
IN COMMERCIAL SPACES AND COMMON AREAS OF MULTI-FAMILY BUILDINGS, EMERGENCY LIGHTS AND EXITS SIGNS WILL BE TESTED AND MUST BE OPERATING PROPERLY	
<b>PLUMBING / MECHANICAL</b>	
BACKFLOW PROTECTION ON ALL BOILERS (BACKFLOW PREVENTORS)	
DRAIN PIPE FOR TEMP. & PRESSURE RELIEF VALVES ON ALL WATER HEATERS AND BOILERS	
PROPER (CODE COMPLIANT) VENTING ON ALL GAS FUELED EQUIPMENT/APPLIANCES	
SHUT OFF VALVES FOR ALL GAS FUELED EQUIPMENT/APPLIANCES	
SIGNED UNDER PENALTIES OF PERJURY	
_____	_____
DATE	OWNER SIGNATURE

MISCELLANEOUS	
RAILINGS ( INTERIOR & EXTERIOR) MUST BE CODE COMPLIANT, PROPERLY INSTALLED AND SECURE	
ALL STAIRS MUST BE IN GOOD REPAIR	
FALL PROTECTION FROM ANY HEIGHT ABOVE 30 INCHES, A GUARD OR RAILING ACTING AS A GUARD MUST BE CODE COMPLIANT, PROPERLY INSTALLED AND SECURE	
PROPERTY PROTECTION REGARDING POOLS (ANYTHING INCLUDING HOTTUBS 24" OR DEEPEER – A 5' FENCE MUST BE INSTALLED AROUND THE OPEN AREAS OF THE PROPERTY (POOL MUST BE ENTIRELY SURROUNDED WITH EITHER THE HOUSE OR A FENCE)	
GATES FOR YARDS WITH POOLS MUST BE SELF CLOSING AND SELF LATCHING WITH THE LATCH ON THE POOL SIDE OF THE GATE (GATE SHOULD BE SAME HEIGHT AS FENCE)	
WINDOWS HAVING A "SIL HIEGHT" LESS THAN 24 INCHES FROM FINISHED FLOOR REQUIRE A "WINDOW OPENING CONTROL DEVICE" THAT COMPLYS WITH THE NEW JERSEY BUILDING CODE (ASTM F 2090.)	

**SIGNED UNDER PENALTIES OF PERJURY AND SWORN UNDER OATH TO BE TRUE, ACCURATE & COMPLETE.**

\_\_\_\_\_  
OWNER (PRINT NAME)

\_\_\_\_\_  
OWNER EMAIL ADDRESS

\_\_\_\_\_  
OWNER FORWARDING ADDRESS (AFTER SALE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER SIGNATURE



# City of Bayonne

## Department of Municipal Services Division of Planning/Zoning/Building Services

630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6073

Fax (201) 858-6122



**James M. Davis, Mayor**

**Donna Russo, Business Administrator**

THIS FORM IS TO BE USED IN CONNECTION WITH ALL SALES OF RESIDENTIAL PROPERTIES. A CERTIFICATE OF CONTINUED OCCUPANCY WILL ONLY ISSUE IN CONNECTION WITH A TRANSFER OF REAL PROEPRTY IF THIS DOCUMENT IS SIGNED BY BOTH A BUYER AND SELLER.

### ZONING ENFORCEMENT DISPLACEMENT CERTIFICATION IN LIEU OF AFFIDAVIT

I, \_\_\_\_\_ am 18 years of age or older and do solemnly affirm and say:

1. I own or exercise legal control over the premises located at \_\_\_\_\_, Bayonne, New Jersey.
2. As of this date, the above noted premises contains no more than \_\_\_\_\_ dwelling units occupied or intended to be occupied by persons living independently of each other and the premises will continue to be occupied as such without change until an application for change is applied for and approved by the City of Bayonne.
3. I understand that pursuant to N.J.S.A. 2:18-61.1, a tenant displaced as a result of Zoning Ordinance Enforcement correcting an illegal occupancy is entitled to a lump sum equal to six (6) times the monthly rent and the owner of the structure is liable for that amount plus relocation. I further understand that an owner must make payment five (5) days prior to the removal of the tenant and that if payment is not paid at that time, interest accrues at 18% per annum. Finally, I understand that any person who violates or causes to be violated any provisions of the Hotel and Multiple Dwelling Law (N.J.S.A. 55:13A-19) shall be liable to pay a penalty of not less than \$50.00 nor more than \$500.00 for each violation and a penalty of not less than \$500.00 or more than \$5,000.00 for each continuing violation.

DATE

(Signature of Owner/Seller)

(Address of Owners/Sellers)

I, \_\_\_\_\_, am 18 years of age or older and so solemnly affirm and say:

(Print or Type name of Contract Purchaser)

1. I am the contract purchaser of the premises located at \_\_\_\_\_, Bayonne, NJ.
2. As of this date the above noted premises contains no more than \_\_\_\_\_ dwelling unit(s) occupied or intended to be occupied by persons living independently of each other and the premises will continue to be occupied as such without change until an application for change is applied for and approved by the City of Bayonne.
3. I understand that pursuant to N.J.S.A. 2:18-61.1, a tenant displaced as a result of Zoning Ordinance Enforcement correcting an illegal occupancy is entitled to a lump sum equal to six (6) times the monthly rent and the owner of the structure is liable for that amount plus relocation. I further understand that an owner must make payment five (5) days prior to the removal of the tenant and that if payment is not paid at that time, interest accrues at 18% per annum. Finally, I understand that any person who violates or causes to be violated, any provisions of the Hotel and Multiple Dwelling Law (N.J.S.A. 5:13A-19) shall be liable to pay a penalty of not less than \$50.00 nor more than \$500.00 for each violation and a penalty of not less than \$500.00 or more than \$5,000.00 for each continuing violation

DATE

Signature of Contract Purchaser

Address of Control Purchaser

DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF FIRE SAFETY  
PO BOX 809  
TRENTON, NEW JERSEY 08625-0809  
(609)-633-6132  
(609)-633-6330 (FAX)

APPLICATION AND  
CERTIFICATION IN LIEU OF  
INSPECTION FOR CERTIFICATE  
OF SMOKE DETECTOR AND CARBON  
MONOXIDE ALARM AND PORTABLE FIRE  
EXTINGUISHER COMPLIANCE



Dwelling Location: Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
(not mailing address)

Street: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

\*NOTE: ALL BOXES MUST BE CHECKD IN ORDER FOR CERTIFICATION TO BE VALID

- Smoke detector on each level of the dwelling, including basements, excluding attic or crawl space; and
- Smoke detector and carbon monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms
- All smoke detectors are in working order.  Carbon monoxide alarm(s) in working order
- Fire extinguisher is the correct size, is properly mounted, and is located within 10 feet of the kitchen

This is a \_\_\_\_\_ story dwelling  with  without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFIPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. The fire extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 et seq). See diagrams on the back of this application for further information regarding installation.

Please mail certificate to: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Closing Date: \_\_\_\_\_

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

Note: A check or money order made payable to "Treasurer, State of New Jersey" must accompany this form. If closing date above follows the date of receipt by the Division of Fire Safety by more than ten business days, the fee is \$35; if received fewer than ten but more than four business days before closing, \$70; and if four business days or fewer, \$125. Once issued, a Certificate is not transferable, nor is a fee refundable. If the change of occupant does not occur within 6 months, a new application shall be required.

FOR OFFICE USE ONLY

Team #: \_\_\_\_\_ Municipal Code: \_\_\_\_\_ Log Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

**WHERE TO LOCATE 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 placed in the hallway outside each sleeping areas as shown in Figure 1. In single floor homes with two separate sleeping areas, two detectors are required, outside each sleeping areas as shown in Figure 2. In multi-level homes, detectors are to be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level detectors are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

**WHERE NOT TO LOCATE DETECTORS:**

To avoid false alarms and/or improper operation, avoid installation of smoke detectors in the following areas:

Kitchens-smoke from cooking may cause nuisance alarm.

Bathrooms -excessive steam from a shower may cause a nuisance alarm.

Near forced air ducts-used for heating or air conditioning-air movement may prevent smoke from reaching detector.

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

The 4 inch "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 detector.

**FURTHER INFORMATION ON DETECTOR PLACEMENT:**

For further information about detector placement consult the National Protection Association's Standard No. 74-1984, titled "Household Fire Warning Equipment." This publication may be obtained by writing to the Publication Sales Department, National Fire Protection Association, Batterymarch Park, Quincy, MA. 02269.

**CARBON MONOXIDE ALARMS** are to be located in every separate sleeping area per NFPA 720 and manufacturer's recommendations.

**WHERE TO LOCATE FIRE EXTINGUISHER:**

Within 10 feet of the kitchen and located in the exit or travel path; and is visible and in a readily accessible location. The top of the fire extinguisher is not more than 5 feet above the floor and is mounted using manufactures hanger or brackets. Minimum size of 2A:10B:C and weigh no more than 10 pounds, is accompanied with the owners manual or with the proper written instructions. The extinguisher is listed, labeled, charged and operable. The extinguisher must have been serviced and tagged by a contractor certified by the New Jersey Division of Fire Safety within the past 12 months or seller must provide a recent proof of purchasing receipt.

**BAYONNE BULDING DEPARTMENT CCO FEES**

<b>1 UNIT</b>	<b>\$100</b>
<b>2 UNITS</b>	<b>\$150</b>
<b>3 UNITS</b>	<b>\$200</b>
<b>4 UNITS</b>	<b>\$250</b>
<b>5 UNITS</b>	<b>\$250</b>
<b>6 UNITS</b>	<b>\$350</b>
<b>7 UNITS</b>	<b>\$400</b>
<b>8 UNITS</b>	<b>\$550</b>
<b>9 UNITS</b>	<b>\$650</b>
<b>10 UNITS</b>	<b>\$750</b>

**ABOVE 10 UNITS - \$100 EACH ADITIONAL UNIT**

**COMMERCIAL UNIT \$250 EACH ADDITIONAL UNIT**