

Borough of Woodlynne
200 Cooper Ave, Woodlynne, NJ 08107
(856) 962-8300 x 224, FAX (856) 962-8763

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 a 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 violations that the inspectors find are as follows:

- 1) Fire extinguishers which need service 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) Buildings must be weather-tight, doors and windows operable and have no trip hazards in sidewalks
- 6) All hard wired detection systems must be annually 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. 224.

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 a partnership) are as follows (name, 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 and phone number):

() Record owner is not a corporation

3. 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 receipts 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):

4. The name address of the managing agent is as follows (name, address and phone number):

() There is no managing agent

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

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

6. 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, phone number).

7. The name and addresses of holders of recorded mortgages on the property are as follows:

() There is no record of mortgage on the property

8. 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):

() The building is not heated by fuel oil

() The building is heated by fuel oil, but the owner does not furnish heat

9. Number of dwelling units:

10. On a separate sheet of paper, list the name, age, phone, and unit number of each tenant, including children.

11. A Floor Plan of the building must be submitted. The Floor Plan should indicate all rooms, doors, kitchens, sleeping areas, 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.

12. The owner of the property is a senior citizen and qualifies under NJ State Statute 54:4-8.41 () Yes () No

13. Driver's License Number for the registered owner: _____ State: _____

Printed First and Last Name: _____ Title: _____

Signature: _____ Date: _____

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. 224.

Please, do not write below this Line

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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: _____

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 plan is on file with the Fire Department

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Application for Certificate of Fire Inspection

Please type or print all information

Address of Building: _____ Woodlynne, NJ 08107

Unit's #: _____ Business Phone: _____

I. 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: _____

II. 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: _____

III. Other / Agent, 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

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Date Received: _____ Amount: _____ Check #: _____

Date to be inspected: _____ Time, between _____ to: _____

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To All Property Owners:

Please be advised that as of January 1, 2006 the Borough of Woodlynne will be enforcing a new regulation under the "Uniform Fire Safety Act: P.L. 1991 c92 (C.52:27D-198.1). This regulation required a **portable fire extinguisher** to be installed in all single and double family dwellings when they are sold.

The requirements for the type and placement of the portable fire extinguishers are:

- 1) At least one portable fire extinguisher shall be installed in all one and two family dwellings upon change of occupancy
- 2) The extinguishers shall be listed, labeled, charged and operable
- 3) The size shall be no smaller than A; B; C rated for residential use and weigh no more than 10 lbs
- 4) The hangers or brackets supplied by the manufacturer must be used
- 5) The extinguisher must be located within 10 feet of the kitchen
- 6) The top of the extinguisher must not be more than 5 feet above the floor
- 7) The extinguisher must be visible and in a readily accessible location, free from being blocked by furniture, storage or other items
- 8) The extinguisher must be near a room exit or travel path that provides an escape route to the exterior
- 9) The extinguisher must be accompanied by an owner's manual or written information regarding the operation, inspection, and maintenance of the extinguisher
- 10) The extinguisher must be installed with the operation instructions clearly visible.

Should you have any questions regarding the implementation of these requirements, please contact the Borough of Woodlynne at (856) 962-8300.