



**FORT LEE FIRE PREVENTION  
Borough of Fort Lee**

1365 Inwood Terrace  
Fort Lee, NJ 07024  
Phone: 201-592-3500 Ext. 1502  
Fax: 201-585-1563

**STEVEN JAMES CURRY**  
Fire Official/Fire Sub-code, Ext. 1018  
**JOSEPH CARIDDI**  
Deputy Fire Official, Ext. 1019



**Application for Certificate of Continued Occupancy (CCO)**  
*Borough Ordinance 182-1 & N.J.A.C. 5:70-2.3*  
*(As of 1/3/22)*

DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ APT/UNIT NO.: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_ OWNER OCCUPIED: YES \_\_\_\_\_ NO \_\_\_\_\_

Check one: 1 Family: \_\_\_\_\_ 2 Family: \_\_\_\_\_ 3 Family: \_\_\_\_\_ Condo: \_\_\_\_\_ Co-op: \_\_\_\_\_  
Townhouse: \_\_\_\_\_ Rental: \_\_\_\_\_ Commercial: \_\_\_\_\_ Residential/Commercial: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUYER'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

RENTER'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

*(If applying for a RENTAL, please fill out FIRE SAFETY REGISTRATION FOR NON-OWNER OCCUPIED DWELLINGS ONLY on last page of this application.)*

**REQUIREMENTS:**

- 1) Submit check payable to the Borough of Fort Lee for \$100.00. Inspections that fail are subject to additional fees.
- 2) Include the name and telephone number of the contact person responsible for meeting the inspector.
- 3) All four pages of information on the application shall be read and filled out completely.
- 4) All requirements on the CCO Affidavit pertaining to the unit/building being inspected shall be complied with.
- 5) No one is permitted to occupy the premises prior to approval from the Fire Prevention Bureau.
- 6) You are required to register with the Rent Leveling Board within 60 days of tenancy start *(Borough Ordinance 324-14)*.
- 7) A CCO will only be issued once all open building permits are closed; and all taxes, penalties and/or fees due to the Borough are paid.

*I have read the requirements for obtaining a Continued Certificate of Occupancy and fully understand and agree to comply with the requirements.*

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Telephone Number

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

\_\_\_\_\_  
Applicant's E-Mail Address

=====

**FOR OFFICE USE ONLY:** CCO# \_\_\_\_\_ PAID: CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

INSPECTION DATE SCHEDULED: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

CONTACT FOR INSPECTION: \_\_\_\_\_



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## Smoke/Carbon Dioxide (CO) Detectors / Fire Door / Fire Extinguisher Requirements

### 1.) SMOKE DETECTORS SHALL BE LOCATED:

- ***If constructed prior to 1977*** - on each level of dwelling and within 10 feet of sleeping areas. Detectors may be battery powered provided they utilize a 10-year sealed battery.
- ***If constructed between 1977 and 1983*** - 110V Smoke Detector in the basement, and within 10 feet of all sleeping rooms. No interconnection or battery back-up required; however, battery backup is **strongly recommended**. Battery operated smoke detection is required on all other levels and shall utilize only 10-year sealed battery detectors.
- ***If constructed between 1984 and 1989*** - 110V Smoke Detector on each level of dwelling, and within 10 feet of all sleeping rooms. All smoke detectors shall be interconnected. Battery back-up is not required but is **strongly recommended**.
- ***If constructed between 1990 and 1992*** - 110V Smoke Detector with battery back-up located on each level of the structure, inside of each sleeping room, and within 10 feet outside of sleeping rooms. All smoke detectors shall be interconnected. Battery back-up is required unless the building is fully sprinklered. Nevertheless, battery back-up is **strongly recommended**.
- ***If constructed between 1993 and 1999*** - 110V Smoke Detectors with battery back-up located on each level of the structure, inside of each sleeping room, and within 10 feet outside of sleeping rooms. All smoke detectors are to be interconnected. Smoke detection is not required in bedrooms if building is fully sprinklered. Battery back-up is not required if building is fully sprinklered. Nevertheless, battery back-up is **strongly recommended**.
- ***If constructed between 2000 and present*** - 110V Smoke Detectors with battery back-up located on each level of the structure, inside all sleeping rooms, and within 10 feet outside of sleeping rooms. All smoke detectors are to be interconnected. **(Note: There are no battery back-up exemptions for a fully sprinklered building.)**

**Notes:**

1. All Smoke Detectors with a manufacture date greater than 10 years must be replaced.  
**Detector Date of Manufacture (located on back of detector):** \_\_\_\_\_
2. All battery-operated smoke detectors shall be of the 10-year sealed battery type.
3. Smoke Detectors shall be installed securely at the highest point of the ceiling or, for level ceilings, may be installed on a wall between 4 and 12 inches below the ceiling.
4. Smoke Detector operation shall be tested monthly. Backup batteries in 110V detectors shall be changed once a year to assure proper operation.

**2.) CARBON MONOXIDE DETECTORS SHALL BE LOCATED:**

- Within 10 Feet of all sleeping areas;
- On every level of the dwelling;
- Immediately outside of any room containing a fuel-burning appliance;
- In close proximity to the entrance of an attached garage;

**Notes:**

1. All Carbon Monoxide Detectors with a manufacture date greater than 5 years shall be replaced unless manufacturer's literature allows for a longer period. In that case, submit the manufacturer's literature with this affidavit.

**Detector Date of Manufacture (located on back of detector):** \_\_\_\_\_

2. Carbon monoxide detection that is part of a combination smoke/carbon monoxide detector with a 10-year sealed battery is good for 10 years from date of manufacture.

**3.) APARTMENT ENTRY DOORS:**

- All doors separating dwelling units from common hallways shall be self-closing and self-latching. Check operation by opening the door halfway and verifying that the door fully closes and latches on its own.
- Double-keyed cylinder deadbolt locks are prohibited on egress doors.

**4.) FIRE EXTINGUISHERS:**

- One- and two- family homes and where applicable some garden-style apartment complexes shall have an approved listed-type ABC fire extinguisher with a minimum rating of 2A:10B:C within 10 feet of the kitchen.
- The extinguisher shall be mounted using the manufacturer's hanging bracket with the top of the extinguisher not more than five (5) feet above the floor and readily accessible and not obstructed from view.



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**Smoke/Carbon Monoxide (CO) Detectors / Fire Door / Fire Extinguisher Affidavit**

**BUILDING NAME (IF APPLICABLE):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**APARTMENT NO (IF APPLICABLE):** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Please Check One:**                      **Owner:** \_\_\_\_\_                      **Management:** \_\_\_\_\_

*Note: This form must be completed by the OWNER or BUILDING MANAGEMENT. Realtors are prohibited from filling out this form.*

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*As the liable party of the property, I have read and fully understand the requirements for obtaining a Continued Certificate of Occupancy (CCO). The Smoke Detectors, Carbon Monoxide Detectors, Fire Doors and Fire Extinguishers are operational and installed as per code, as required for the type of property being applied for.*

\_\_\_\_\_  
**Printed Name of Owner or Management  
Completing Affidavit**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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**Fire Safety Registration for Non-Owner-Occupied Dwellings**  
*Borough Ordinance 216-72*

*If at any time any of these names change, you are required to contact this office and provide the new information. This sheet should be filled out when the CCO is for a RENTAL.*

NAME #1: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME #2: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME #3: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

=====

FOR OFFICE USE ONLY: LOCAL ID: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

REMARKS: \_\_\_\_\_