



## SPRINGFIELD TOWNSHIP

2159 Jacksonville-Jobstown Road  
Jobstown, New Jersey 08041  
(609) 723-2464  
Fax (609) 723-6591

Clerk / Land Use	ext. 10
Police	ext. 20
Tax Collector	ext. 14
Tax Assessor	ext. 19
Construction / Zoning	ext. 21
Manager	ext. 22
Finance	ext. 11

### RESALE & RENTAL FEE: \$150.00

**ALL HEATER SYSTEM CERTIFICATION FORMS MUST BE SUBMITTED AND MUST CONTAIN A NJ LICENSED CONTRACTOR'S SIGNATURE AND PRESSURE SEAL. ANY WOOD BURNING FIREPLACES SHALL BE CLEANED AND MUST PROVIDE CHIMNEY SWEEP RECEIPT ALONG WITH THE RESALE OR RENTAL FEE AND A COMPLETED APPLICATION BEFORE A SCHEDULED INSPECTION IS PROVIDED.**

#### **NJ Admin. Code § 5:70-4.19**

Section 5:70-4.19 – Smoke alarms for one- and two- family dwellings; carbon monoxide alarms; and portable fire extinguishers

- (a) In one- and two- family or attached single family dwellings subject to the requirements of 5:70-2.3, smoke alarms shall be installed as follows:
1. On each level of the premises; and
  2. Outside of each separate sleeping area.
- (b) The smoke alarms required in (a) above shall be located and maintained in accordance with NFPA 72.
1. The alarms shall not be required to be interconnected.
- (c) Ten-year sealed battery-powered single station some alarms shall be installed and shall be listed in accordance with ANSI/UL 217, incorporated herein by reference. However, A.C.-powered single- or multiple-station smoke alarms installed as part of the original construction or rehabilitation project shall not be replaced with battery-powered smoke alarms. The effective date of this subsection shall be January 1, 2019.
- (d) Carbon monoxide alarms shall be installed in all dwelling units in buildings in one- and two- family or attached single family dwellings except for units in buildings that do not contain a fuel-burning device or have an attached garage, as follows:
1. Single station carbon monoxide alarms shall be installed and maintained in the immediate vicinity of the sleeping area(s).
  2. Carbon monoxide alarms may be battery-operated, hard-wired, or of the plug-in type and shall be listed and labeled in accordance with UL-2034 and shall be installed in accordance with the requirements of this section and NFPA-720.

(e) A portable fire extinguisher shall be installed in accordance with the following:

1. The extinguisher shall be within 10 feet of the kitchen and located in the path of egress;
2. The extinguisher shall be readily accessible and not obstructed from view;
3. The extinguisher shall be mounted using the manufacturer's hanging bracket so the operating instructions are clearly visible;
4. The extinguisher shall be an approved listed and labeled type with a minimum rating of 2A-10B:C and no more than 10 pounds
5. The owner's manual or written operation instructions shall be provided during the inspection and left for the new occupant;
6. The extinguisher shall be serviced and tagged by a certified Division of Fire Safety contractor within the past 12 months or the seller must have a receipt for a recently purchased extinguisher; and
7. The top of the extinguisher shall not be more than five feet above the floor.
8. Exception: Portable fire extinguishers shall not be required for seasonal summer units. For purposes of applying this exception, "seasonal summer unit" shall mean a dwelling unit rented for a term of not more than 125 consecutive days for residential purposes by a person having a permanent residence elsewhere, but shall not include use or rental of living quarters by migrant, temporary, or seasonal workers in connection with any work or place where work is being performed.



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**C.C.O. INSPECTION FEE (Non-Refundable) – CHECK OR MONEY ORDER ONLY MADE PAYABLE TO “Springfield Township” \$150.00** (TWO inspection dates are included in this fee. If additional inspections are required, there is a fee of \$65.00 per inspection date.)

REASON FOR CHANGE OF OCCUPANCY: (Please check one) SALE \_\_\_\_\_ RENTAL \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

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

IF SELLING, WAS THE ADDRESS A Rental Property? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, the landlord registration will be deactivated for the property.

Please print clearly. The Inspection results and the certificate will be sent via email.

Buyer Name(s) or Occupant(s):	_____
Phone #:	_____
Email:	_____

Property Owner Name(s):	_____
Phone #:	_____
Email:	_____

Type of Structure: Single Family Home \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Manufactured Home \_\_\_\_\_

Realtor/Contact Name:	_____	Phone #:	_____
Email:	_____		

Please check: City Water \_\_\_\_\_ City Sewer \_\_\_\_\_ \*Septic \_\_\_\_\_ \*Well \_\_\_\_\_ \*HEALTH DEPT APPROVAL IS REQUIRED.

### IF THE PROPERTY WILL BE RENTED, PLEASE COMPLETE.

<b>Section 1.</b> Is the property registered as a Rental in the township? YES _____ NO _____ IF YES, Landlord ID # _____ Registration # _____ IF NO, please complete the Rental Property Application and a fee may be required.
<b>Section 2.</b> Was the property <b>built BEFORE 1978</b> ? YES _____ NO _____ If YES, it is a NJ State requirement to contact a Certified Lead Evaluation Contractor and supply a LEAD-SAFE CERTIFICATE to the township. Date Township Received Certificate:     /     /

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

Fee Received By:	Check or Money Order #	Application #	
Inspection Date:	Granted: _____	Denied: _____	Other: _____



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## HEATING SYSTEM CERTIFICATION

CONTRACTOR'S NAME: \_\_\_\_\_

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

THIS IS TO CERTIFY THAT A QUALIFIED TECHNICIAN EMPLOYED BY THIS FIRM HAS CAREFULLY INSPECTED THE HEATING SYSTEM OF THE DWELLING LOCATED AT:

Site Address: \_\_\_\_\_

( ) Tested existing heating unit under operating conditions for worn, defective and missing parts; including all lines, ducts, thermostats, fuel tank, convectors, radiators, valve, grilles, gauges, registers, fitting, dampers, and flue. Checked the flue for gas leaks (carbon monoxide and Sulphur dioxide). Flue meets code and clearance requirements for this type of heating unit.

( ) The system is properly installed and is in good and safe operating condition, and with normal maintenance it is reasonably expected to continue o do so. The system is capable of providing at least 68 degrees inside temperature when outside is at zero degrees.

**ALL SYSTEMS SHALL BE LEFT PROTECTED AGAINST FREEZING IF THE HEATING SYSTEM WILL BE DE-ACTIVATED UPON CONCLUSION OF THE TESTS.**

( ) Check here if the above system was not in good and safe operating condition at the time of the inspection and itemize below all parts and/or replacements which were necessary to put it in good and safe operating condition, including any repairs of the system.

### ITEMS

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I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee, or other party involved in the transaction. I further certify that I am authorized to execute this certification on behalf of the company listed below.

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

SIGNATURE: \_\_\_\_\_

TITLE & LICENSE NO: \_\_\_\_\_