

MAYOR
ALBIO SIRES | PUBLIC SAFETY
 COMMISSIONERS
ADAM W. PARKINSON | REVENUE & FINANCE
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS

CODE ENFORCEMENT / BUILDING DEPARTMENT

THOMAS O'MALLEY, CONSTRUCTION OFFICIAL
 TOMOMALLEY@WESTNEWYORKNJ.ORG
 O. 201.295.5170

TOWN OF WEST NEW YORK
 COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING
 428-60th STREET
 WEST NEW YORK, NEW JERSEY 07093
 (201).295.5100

OFFICE LOCATIONS
 PUBLIC LIBRARY 425-60th STREET
 (201).295.5135
 SENIOR CENTER 515-54th STREET
 (201).295.5162/5144
 FIRE PREVENTION 6015 TYLER PLACE
 (201).295.5220
 PUBLIC WORKS 6300 BROADWAY
 (201).295.5230/6231
 PARKING SERVICES 224-60th STREET
 (201).295.1575
 WEST NEW YORK, NEW JERSEY 07093

**RESIDENTIAL
 OWNER CERTIFICATE**

Today's Date: _____ Anticipated Closing Date: _____

PROPERTY ADDRESS: _____

Number of Units in the Building: _____ Unit Number Purchased: _____ BLOCK & LOT _____

PRESENT OWNER NAME:

(LLC'S must include actual name of manager/principal or application will be rejected)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

PURCHASERS' NAME:

(LLC'S must include actual name of manager/principal or application will be rejected)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

FEES: PAYABLE to TOWN OF WEST NEW YORK

\$100.00 Condominium and Co-ops
 \$250.00 Three-Ten Unit Dwelling

\$100.00 One - Two Unit Dwellings
 \$ 50.00 Each Add'l Over Ten Units

\$50.00 REINSPECTION FEE PER UNIT FOR EACH ADDITIONAL INSPECTION

***APPLICATION MUST CONTAIN PURCHASERS ORIGINAL SIGNATURES AND BE NOTARIZED**

 Purchaser's Signature

SWORN TO AND SUBSCRIBE TO
 ME BEFORE ON THIS ____ DAY
 OF _____, 20__

 Purchaser's Name (PRINT)

PLEASE COMPLETE THE REQUIRED AFFIDAVIT ON PAGE 2 OF THIS APPLICATION.

The Town of West New York is proud to be a drug free workplace and an equal opportunity employer.



www.westnewyorknj.org

#WEAREWNY



CERTIFICATION/AFFIDAVIT

I, _____, am 18 years of age or older and do solemnly affirm and say:
I am the PURCHASER of the premises located at _____
_____ in the Municipality of West New York, County of Hudson and State of New Jersey.

As of this date, _____, the said premises contains _____ dwelling units occupied or intended to be occupied by persons living independently of each other. Furthermore, I am purchasing said property in "as is" condition and will be held responsible for any and all outstanding violations that exist at time of and after the closing date as long as I am in possession of said property. Should I wish to convert same into anything but a _____ unit building, I will do so by following all applicable laws and codes of the Town of West New York, Uniform Construction Code and the Bureau of Housing Inspection/Hotel and Multiple Dwelling Law. Furthermore, I shall notify the Bureau of Housing Inspection immediately in the event that the said premises are converted at any time in the future to contain any more than the _____ dwelling units so occupied or intended to be occupied and I understand that I shall be liable to a penalty in the event that I fail to do so.

I 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 am subject to punishment.

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(a), shall be liable to 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 nor more than \$5,000.00 for each continuing violation. These violations are separate and apart from any Uniform Construction Code violations and any Uniform Fire Code violations

Signature of Purchaser

SWORN TO AND SUBSCRIBED TO
BEFORE MORE ON THIS _____
DAY OF _____, 20____

Print Name

OFFICE USE ONLY BELOW THIS LINE

BOILERS/FURNANCES; must have one of the following: a full fire rated ceiling or a sprinkler installed on the code water line

BUILDING INSPECTIONS; all final inspections on any permits have been finalized

EGRESS; free and clear

ENTRY TO ALL AREAS OF PROP.

EXIT DOORS; free of pad locks/key locks

EXIT SIGNS; operating properly - illuminated/emergency lighting

EXTINGUISHERS; are required within ten feet of any kitchen and must be properly mounted and readily accessible

HANDRAILS; required on all stairs with 3 or more risers + landing on int/ext. stairs

LOCKS; No keyed locks on any interior doors

PERMITS-BLDG CODE and/or MUNICIPAL

SMOKE DETECTOR/CARBON MONOXIDE

SPRINKLERS; operating properly

TRASH/RUBBISH; no accumulation inside or outside

VIOLATIONS-BUILDNG CODE; no outstanding violations

VIOLATIONS - PROPERTY

MAINTENANCE; no outstanding violations

WINDOWS; operable and no broken or cracked glass

INSPECTOR SIGNATURE:

DATE OF INSPECTIONS:

NOTES:

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MUNICIPAL BUILDING
428-60th STREET, Office No. 27
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

FIRE PREVENTION RESIDENTIAL OWNERSHIP REVIEW

DATE: _____

PROPERTY ADDRESS: _____

OWNER NAME: _____

THE ABOVE APPLICANT HAS MET WITH THE WNY FIRE PREVENTION OFFICE TO ACQUIRE THEIR REQUIREMENTS FOR TRANSFERRING TITLE OF THIS RESIDENTIAL PROPERTY. BASED UPON THE INFORMATION PROVIDED TO THIS DEPARTMENT THIS PROPERTY:

- DOES
 - DOES NOT
- REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE: _____

WNY FIRE PREVENTION AUTHORIZATION