



# Borough of Dumont

## Building Department

50 Washington Ave.  
Dumont, NJ 07628  
201 387 5034

### Application for Rental Occupancy Certificate

\$75.00 - Change of Tenancy (Made out to Borough of Dumont)  
\$50.00 - Smoke Detector Compliance (Made out to Dumont Fire Prevention)  
\$20 - Lead Control Fund (Made out to Borough of Dumont)  
\$100 - Lead Safe Inspection (Made out to Borough of Dumont) \*  
\* = If inspection is done by Borough of Dumont

**NOTE:** Please submit this application at least two weeks prior to tenant occupancy so that we may review the files for open permits and address any relevant property issues. Rental Certificate inspections are conducted for smoke detectors, carbon monoxide detectors, and proper sump pump drainage where applicable. Effective 11/1/05 a portable fire extinguisher (2A: 10B:C) is required within 10 feet of the kitchen.

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Building #: \_\_\_\_\_ Floor: \_\_\_\_\_ Apt #: \_\_\_\_\_

Property Use: Single-Family ☐ Multi-Dwelling ☐ Closing Date: \_\_\_\_\_

Person to Contact for Appointment: \_\_\_\_\_ Phone: \_\_\_\_\_

#### IMPORTANT

The N.F.P.A. recommends *carbon monoxide* detectors be replaced every **five** years and *smoke detectors* every **10** years.

<b>SMOKE ALARM/DETECTOR Specify (Type):</b>					
Hard Wired System	<input type="checkbox"/>	Plug in / Battery Backup	<input type="checkbox"/>	Wireless	<input type="checkbox"/>
<b>CARBON MONOXIDE DETECTORS Specify (Type):</b>					
Hard Wired System	<input type="checkbox"/>	Plug in / Battery Backup	<input type="checkbox"/>	Wireless	<input type="checkbox"/>

#### RENTER INFORMATION

#### OWNER INFORMATION

Primary Tenant's Name:	Name:
Previous Street Address:	Current Street Address:
City: State: Zip:	City: State: Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
	Email Address:

The applicant signing below is responsible for providing the attached information sheets to the owner prior to inspection. Any violations found during the inspection that are listed will result in a **\$25.00** per visit re-inspection fee.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_