

PROCESS FOR LANDLORDS

NON-OWNER OCCUPIED DWELLINGS

1. Complete the Non-Life Hazard Registration Form for Residential Rentals. Pay the annual fee of \$70.00 per property. (FORM A).
2. Complete the Housing Registration forms and pay the annual fee of \$25.00 per rental unit. (FORM B)
3. **PRIOR TO RENTING THE APARTMENT** you **MUST** obtain a *Certification of Inspection of Smoke and Carbon Monoxide Detectors and Portable Fire Extinguishers*. To obtain this inspection you **MUST** complete the form and pay the applicable fee. (FORM C)
4. **EACH TIME THE RENTAL PROPERTY/APARTMENT UNIT IS RE-RENTED** you **MUST** obtain another *Certification of Inspection of Smoke and Carbon Monoxide Detectors and Portable Fire Extinguishers*. To obtain this inspection you **MUST** complete the form and pay the applicable fee. (FORM C)

OWNER OCCUPIED DWELLINGS

1. Complete the Non-Life Hazard Registration Form for Residential Rentals. Owner occupied dwellings are exempt from the fee. (FORM A)
2. Complete the Housing Registration forms and pay the annual fee of \$25.00 per rental unit. (FORM B)
3. **PRIOR TO RENTING THE APARTMENT** you **MUST** obtain a *Certification of Inspection of Smoke and Carbon Monoxide Detectors and Portable Fire Extinguishers*. To obtain this inspection you **MUST** complete the form and pay the applicable fee. (FORM C)
4. **EACH TIME THE RENTAL PROPERTY/APARTMENT UNIT IS RE-RENTED** you **MUST** obtain another *Certification of Inspection of Smoke and Carbon Monoxide Detectors and Portable Fire Extinguishers*. To obtain this inspection you **MUST** complete the form and pay the applicable fee. (FORM C)

**Flemington Borough Housing Office
Office of the Fire Marshal
38 Park Avenue
Flemington, NJ 08822
Phone: 908-782-8840 X 227**

Non-Life Hazard Registration Form for Residential Rentals

Building Owner: _____

Address: _____

Phone: _____ Email: _____

Federal Employer (Tax ID) Number: _____

Emergency Contact Information:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Square Footage: _____ **# of Stories:** _____ **Attic:** _____ **Basement:** _____

Fire Alarm System: Yes or No **If yes, is it:** Battery or Hardwired Local or Monitored

Suppression System: Yes or No **Sprinkler System:** Yes or No

Signature of Owner or Agent

Date

Printed Name of Owner or Agent

Phone

Street Address

**Fee is \$70.00 per property paid annually. Please return this form with check payable to:
Flemington Borough Fire Safety
If you have any questions, please contact:
Ken McCormick, Fire Marshal at 908-782-8844 ext. 227**

**Flemington Borough Housing Office
Office of the Fire Marshal
38 Park Avenue
Flemington, NJ 08822
Phone: 908-782-8840 X 227**

2025 Landlord Registration Renewal Application Pursuant to Ordinance 2007-16

The following is a Rental Property Registration Statement to register a building located within the
Borough of Flemington that contains dwelling units.

**Renewal and payment must be submitted annually for each rental dwelling unit
on or before April 30, 2025.**

THE ANNUAL RENTAL UNIT FEE IS \$25.00 PER UNIT.

Property Address: _____ Block# _____ Lot# _____

Total Number of Dwelling Units: _____ Is Property Owner Occupied: YES or NO

Name of Property Owner (please print)

Phone Number of Property Owner

Full Address of Property Owner

Emergency Call Phone Number

E-mail address of Property Owner

Date

Signature of Property Owner/Landlord

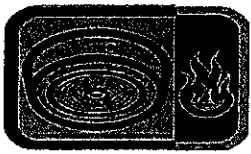
Failure to submit Renewal Application by April 30, 2023, will result in the issuance of summons and penalties. **AS PER ORDINANCE 2016-1, A LATE FEE OF \$25.00 PER UNIT SHALL BE ASSESSED IF THE PAYMENT IS MORE THAN 30 DAYS PAST THE DUE DATE.**

- **NOTE: Smoke Detector/Carbon Monoxide Detector Inspection is required prior to re-rental of any unit as per Local Ordinance 8-19, N.J.A.C. 5:70-2.3**
- **NOTE: A Construction Records Clearance (CRC) is required prior to the re-rental of any unit as per Local Ordinance 23-19**

Office Use Only

Payment Received: _____ Payment Amount: _____ Check # _____

Form B



Flemington Borough Fire Safety

38 Park Ave

Flemington, NJ 08822



Phone: 908-782-8840 Ext. 227

E-mail: fireofficial@historicflemington.com

To: All Real Estate Agencies/Home Owners

Subject: Smoke Alarm/Carbon Monoxide Alarm and Portable Fire Extinguisher Inspections

Attached please find an application for a Smoke Alarm/Carbon Monoxide Alarm and Portable Fire Extinguisher Inspection which is required pursuant to the NJ Uniform Fire Code N.J.A.C. 5:70-2.3 and the Flemington Fire Safety Ordinance 8-19 when a change in occupancy or ownership occurs.

Received more than Ten (10) days before closing/change of occupancy:	\$65.00
Ten to Four (10-4) days before closing/change of occupancy:	\$100.00
Less than (4) days before closing/change of occupancy:	\$200.00

Fees can be very significant if adequate notice is not provided for these inspections.

Please note on the application, there are new fees for failed inspections and missed scheduled inspections.

ALL information on the application **MUST** be completed for processing. Incomplete applications may be rejected and cause a delay in inspections and certificates being issued.

Make checks payable to:

"Flemington Boro Fire Safety"

Thank you for your cooperation in proper scheduling. Please feel free to contact our office if you should require further assistance.

Sincerely,

Ken McCormick
Fire Marshal

ONE & TWO FAMILY HOMES CERTIFICATION CRITERIA FOR SMOKE ALARMS AND CO ALARMS

BUILT BEFORE 1977:

- 10 Year Sealed Battery Single Station Alarms
- One on each level
- Within 10 feet of each bedroom
- CO Alarm within 10 feet of each sleeping area

BUILT 1977 OR AFTER, BUT BEFORE 1984:

- Electric Alarms not interconnected
- One on each level
- Within 10 feet of each bedroom
- CO Alarm within 10 feet of each sleeping area

BUILT 1984 OR AFTER, BUT BEFORE 1990:

- Electric Alarms – **INTERCONNECTED**
- One on each level
- Within 10 feet of each bedroom
- CO Alarm within 10 feet of each sleeping area

BUILT 1990 TO PRESENT:

- Electric Alarms with battery back-up - **ALL INTERCONNECTED**
- One on each level Within 10 feet of each bedroom
- In each bedroom
- CO Alarm within 10 feet of each sleeping area

Listed below are the requirements for each Certificate of Inspection:

SMOKE ALARMS

- Alarms are to be located on every level of a resident (basement, first floor, second floor) excluding crawl spaces and unfinished attics, between sleeping areas such as the kitchen, garage, basement or utility room.
- In homes with only one sleeping area on one floor, an alarm is to be placed in the hallway within 10 feet of that room.
- In single family homes with two separate sleeping areas two alarms are required outside each sleeping and within 10 feet of that room.
- In multi-level homes, alarms are to be located outside sleeping areas and on every finished level of the home.
- Basement level alarms are to be located in close proximity to the bottom of the basement stairwells.
- If placed on the wall, the alarms should be four inches down from ceiling but no more than 12 inches.
- Smoke alarms shall not be older than 10 years from the date of manufacture or older than the expiration date prescribed by the manufacturer.
- Alarms are to be Installed and Maintained in accordance with NFPA 72. And shall be listed in accordance with ANSI/UL 217

CARBON MONOXIDE ALARMS:

- Each alarm shall be located on the wall, ceiling or other location as specified in the installation instructions that accompany the unit.
- The alarm can either be electric, battery or the plug-in type.
- If you have a combination smoke/carbon monoxide alarm, it needs to be placed in accordance with smoke alarm placement in sleeping areas.
- Carbon monoxide alarms shall not be older than 10 years from the date of manufacture or older than the expiration date prescribed by the manufacturer.
- Carbon monoxide alarm equipment shall be installed in the immediate vicinity of each sleeping area.

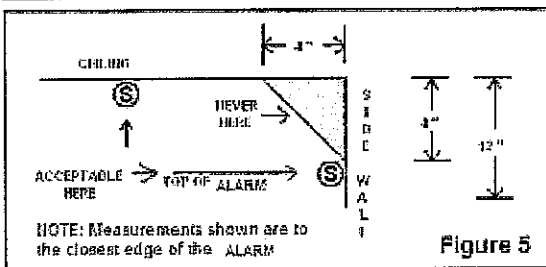
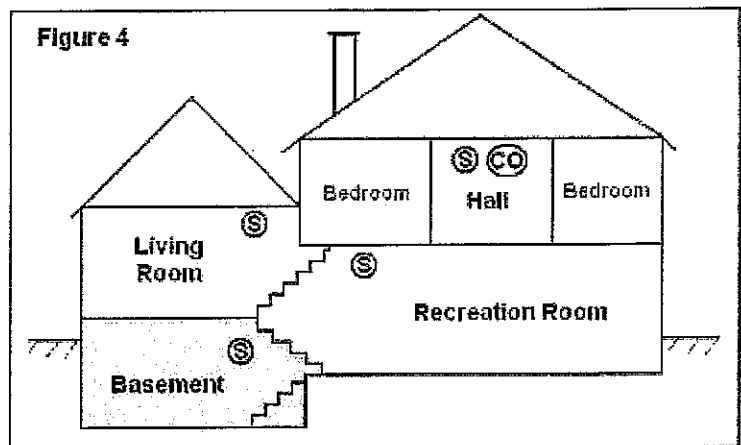
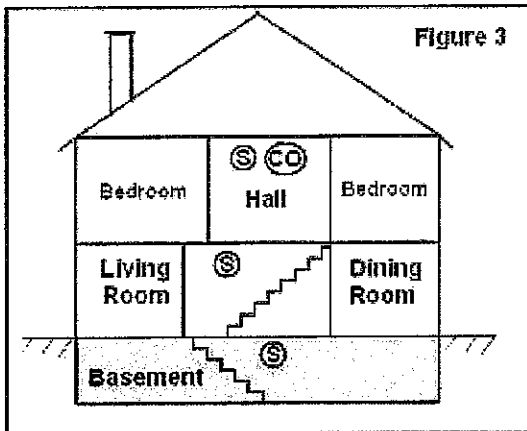
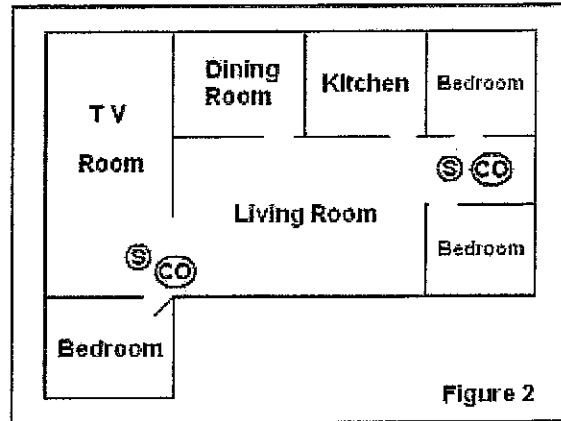
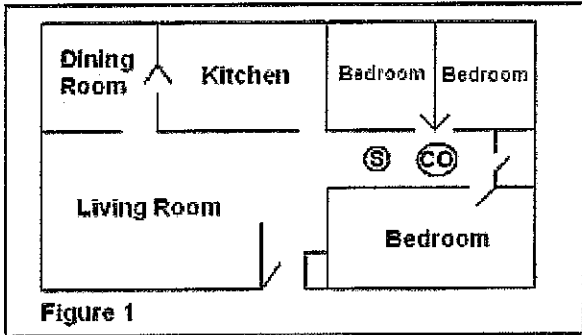
FIRE EXTINGUISHERS

- One fire extinguisher shall be mounted within 10 feet of the kitchen and located in the path of egress.
- The extinguisher shall be mounted using the manufacturer's mounting bracket, with the top of the extinguisher no higher than 5 feet from the floor. With the operating instructions clearly visible.
- The extinguisher shall be readily accessible and not obstructed from view.
- The extinguisher shall weigh no more than 10lbs and be a minimum 2A:10B:C rated extinguisher.
- The seller of the home shall provide proof of purchase showing that the extinguisher is less than 1 year old, or it shall be serviced and tagged by a certified Division of Fire Safety contractor within the last 12 months.
- The owner's manual or written operation instructions shall be provided during the inspection and left for the new occupant.

In order to receive your Certificate, the location of your smoke/carbon monoxide alarms, and fire extinguisher must all be in compliance with the regulations in all codes.

After inspection is complete, your certification is immediately issued.
Each certificate is valid for six (6) months.

Smoke Alarm and CO Alarm placement



(S) SMOKE ALARM (CO) CARBON MONOXIDE ALARM

Landlord's Name: _____

Date of Application: _____

Block: _____

Lot: _____

Property Address: _____

LANDLORD REGISTRATION APPLICATION

The following is a Registration Application to register a building within the Borough of Flemington that contains dwelling units. This application is submitted by the Landlord pursuant to Ordinance 2007-16 of the Revised General Ordinances of the Borough of Flemington.

Please **PRINT** or **TYPE** all information

SECTION 1

Name of Landlord: _____

Address of Landlord: _____

Daytime Phone Number of Landlord: _____

Evening Phone Number of Landlord: _____

Emergency Phone Number: _____

Email Address of Landlord: _____

Address of Building to be Registered: _____

Block: _____

Lot: _____

Number of Dwellings Units in Building: _____

Proof of following **MUST** be attached:

_____ Property Taxes are current and paid in full

_____ Sewerage Charges are current and paid in full

_____ No assessments against property

_____ Proof of Land Use Approval (i.e. – Zoning Permit, Planning Board/Zoning Board Resolutions, Certificate of Occupancy)

Landlord's Name: _____

Date of Application: _____

Block: _____

Lot: _____

Property Address: _____

SECTION 2

Please complete the following section for each dwelling unit.

1. Floor Location: _____

Total gross floor area of habitable rooms (in square feet): _____

Dwelling Unit: _____ Unit Number: _____

Number of Rooms for sleeping purposes: _____

Gross floor area for each room for sleeping purposes (in square feet): _____

Number of Tenants in each sleeping area: _____

Gross floor area for each room for sleeping purposes (in square feet): _____

Number of Tenants in each sleeping area: _____

Gross floor area for each room for sleeping purposes (in square feet): _____

Number of Tenants in each sleeping area: _____

Total Number of Tenants permitted in the Dwelling Unit: _____

Total Number of Occupants: _____ Date Occupancy commenced: _____

2. Floor Location: _____

Total gross floor area of habitable rooms (in square feet): _____

Dwelling Unit: _____ Unit Number: _____

Number of Rooms for sleeping purposes: _____

Gross floor area for each room for sleeping purposes (in square feet): _____

Number of Tenants in each sleeping area: _____

Gross floor area for each room for sleeping purposes (in square feet): _____

Number of Tenants in each sleeping area: _____

Gross floor area for each room for sleeping purposes (in square feet): _____

Number of Tenants in each sleeping area: _____

Total Number of Tenants permitted in the Dwelling Unit: _____

Total Number of Occupants: _____ Date Occupancy commenced: _____

Landlord's Name: _____

Date of Application: _____

Block: _____

Lot: _____

Property Address: _____

LANDLORD CERTIFICATION

Note to Applicant: Submitting false information, documentation or identification in connection with the Landlord's Registration Application shall pay a minimum fine of \$250.00, plus court costs for the first offense, minimum of \$1,250.00 for the second offense and \$2,500.00 for each offense thereafter. Any person who submits a false certification or documentation shall be subject to criminal prosecution, in addition to the penalties outlined in Ordinance 2007-16. In addition to the foregoing, a certificate of occupancy that is issued on the basis of information or documentation that is knowingly false or fraudulent when made, shall be subject to revocation pursuant to and in accordance with Ordinance 2007-16 of the Revised General Ordinances of the Borough of Flemington.

I, _____, herby certify, in lieu of oath, that the foregoing statements made by me are true, full and perfect answers to each and all said questions. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment.

Signature of Property Owner/Landlord

Date

Printed Name of Property Owner/Landlord

Please note that a notary seal shall be required for all corporate owned properties.

Landlord's Name: _____ Date of Application: _____

Block: _____ Lot: _____ Property Address: _____

Office Use Only

Date Payment Received: _____ Payment Amount: _____

Received by: _____

Copy of DCA Certificate of Registration is on File in the Clerks Office: Yes _____ No _____

Proof of Submission of the following Documents:

_____ Current Property Taxes _____ Proof of Land Use Approval

_____ Current Sewerage Charge _____ Pre-Existing/No Conforming Use

_____ No Assessments Against Property

Zone: _____

Tax Assessor Review:

Assessed Multi-Family: _____

Tax Assessor Notes:

Date Reviewed by Tax Assessor: _____ Initial of Assessor: _____

Zoning Officer Review:

Date Approved by Zoning Official: _____ Initial of Zoning Officer: _____

Zoning Official Notes:

Construction Official Review:

Date Approved by CO: _____ Initial of Construction Official: _____

Construction Official Notes:

Registration Number: _____ Date Issued: _____

LANDLORD IDENTITY REGISTRATION STATEMENT
ONE AND TWO-UNIT DWELLING REGISTRATION FORM

The form of the certificate of Registration to be filed with the municipal clerk and distributed to tenants by owners or non-owner occupied one and two unit dwellings shall be substantially as follows:

(1) Property Address:

(2) The names and addresses of all record owners of the building or the rental business (including all general partners in the case of a partnership) are as follows:

(3) If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows:

Record owner is not a corporation.

(4) 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) is as follows:

The addresses of all record owners in the county in which the dwelling is located:

(5) The name and address of the managing agent is as follows:

There is no managing agent.

(6) The name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service is as follows:

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

(7) The name, address and telephone number of an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures, is as follows:

(8) The names and addresses of all holders of recorded mortgages on the property are as follows:

There is no recorded mortgage on the property.

(9) If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

The building is not heated by fuel oil

The building is heated by fuel oil, but the landlord does not furnish heat.

Date

Landlord or Authorized Representative

SEND COMPLETED FORMS TO TENANTS AND MUNICIPAL CLERKS ONLY