

**Zoning Certificate of Compliance**  
**Landlord & Tenant Registration Form/Certificate**  
**Smoke, Carbon Monoxide Detection, Fire Extinguisher**

**SITE ADDRESS:** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_

Initial Inspection Date: \_\_\_\_\_ FEE: \$ 100.00- \$150.00 Date Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_ Open Permits YES

Re-Inspection Date: \_\_\_\_\_ FEE: \$ 50.00 Date Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_ NO

1 Family  2-Family  3 Family  Multi Family  Apartment  Condo  Business with Apartment  Town House

**If this property is sold, ownership transfer, or a change in tenant occurs a valid Certificate of Zoning Compliance Must Be obtained. Failure to do so will result in violations being issued.**

	Seller / Landlord	Buyer
Name		
Address		
Phone #		
Seller Attorney		Phone #
Buyer Attorney		Phone #

Tenant- unit 1	Adult/child	Tenant- unit 2	Adult/child
	A C		A C
	A C		A C
	A C		A C
	A C		A C

**Inspection Report**

Basement					Second Floor					Attic					
On Slab					Bathroom(s) #	0	1/2	1	2	3	Finished -- No	1/4	1/2	3/4	100%
Finished -- No	1/4	1/2	3/4	100%	Smoke Detector	OK	NG	Bathroom #	0	1	2	3			
Kitchen - No Cooking	OK	NG	Bathroom(s) #	0	1/2	1	2	Smoke Detector	OK	NG	Bedrooms #	0	1	2	3
Bathroom(s) #	0	1/2	1	2	C O Detection	OK	NG	Smoke Detector	OK	NG	C O Detection	OK	NG		
Hot Water Tank Flu	OK	NG	Bedroom(s) #	0	1	2	3	4	C O Detection	OK	NG	Not Walk-Up Type			
Boiler / Furnace Flu	OK	NG	Kitchen (for apartments)	OK	NG	Exterior		Garage Present	No	Yes					
Bedroom(s) #	0	1	2	3	House Number Visible	OK	NG	Detached # of cars	1	2	3				
Smoke Detector	OK	NG	Property Maintenance	OK	NG	Deck -- approximate Size		Attached # of cars	1	2	3				
C O Detection	OK	NG	Oil Tank - size	A/G	I/G	Patio - approximate Size		Door Opener Wiring	OK	NG	Alternative Heat				
Oil Tank - size	A/G	I/G	First Floor		Pool	A/G	I/G	Fireplace Stove Gas	1	2	3				
First Floor		Bathroom(s) #	0	1/2	1	2	Pool Barrier /Gate /Lock	OK	NG	Special Conditions					
Bathroom(s) #	0	1	2	3	4	Shed -- approximate Size		Monitored Alarm Sys	Y	N					
Bedroom(s) #	0	1	2	3	4	Sidewalk Repair needed	Y	N	Sump Pump Drainage	OK	NG				
Kitchen(s)	OK	NG	Driveway Repair needed	Y	N	Walkways Repair needed	Y	N	Fire Extinguisher Present	Y	N				
Front Door Dead Bolt	OK	NG	GFI Outlets	OK	NG										
C O Detection	OK	NG													
Smoke Detection	OK	NG													

**NOTES:**

Approved	Date:	Inspector:
Reinspection	Date:	Inspector:
Denied	Date:	Inspector:
Conditional	Date:	Inspector: