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 ENFORCMENT/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).295.5230/5231
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

_____
Purchaser's Name (PRINT)

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

_____

****

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

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

_____
Print Name

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

_____

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