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

COMMERCIAL PROPERTY
OWNER CERTIFICATE
FEE: $400.00 PAYABLE to TOWN OF WEST NEW YORK

Today's Date:_____ Anticipated Closing Date:_____

Property Address:_____ NUMBER OF COMMERCIAL UNITS:_____

PROPERTY INFORMATION (LLC's Must Include Actual Name of Manager/Principal or application is rejected)

PRESENT OWNER'S NAME:_____

Address:_____ EMAIL:_____

Telephone Number: H:_____ C:_____

Property Currently Used As:_____ Type of Business:_____

Current Business Name (IF MULTIPLE, ATTACH LIST)_____

Type of business:_____

Current signage at the property: Awning_____ Wall Sign_____ Banners_____

Name on signage:_____

PURCHASER'S INFORMATION (LLC's Must Include Actual Name of Manager/Principal or application is rejected)

PURCHASER'S Name:_____

Address:_____ Email:_____

Daytime Phone # of PURCHASER:_____ Cell:_____

By way of my signature, I certify that I am purchasing said property in "as in" condition and will be held liable for any and all outstanding violations that exist at the time of closing.

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

_____
Purchaser's Signature

SWORN TO AND SUBSCRIBE TO ME BEFORE ON THIS ____ DAY OF _____, 202__

_____
Purchaser's Name (PRINT)

_____

THERE IS A $50.00 REINSPECTION FEE FOR EACH REINSPECTION

_____ ANSUL SYSTEM; operating properly/connected to central station

_____ 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 completed/file closed out

_____ CARBON MONOXIDE DETECTORS; (residential only)

_____ EGRESS; free and clear

_____ 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

_____ FLUE PIPES on gas and oil fired appliances must be tightly connected with no leaks

_____ HANDRAILS; required on all stairs with 3 or more risers (steps plus landing) including exterior stairs

_____ LOCKS; No keyed locks on any interior doors

_____ LOW VOLTAGE CENTRALLY MONITORED FIRE ALARM SYSTEM; installed and working properly

_____ SMOKE DETECTORS; are required on each floor; ONLY exception is if the attic is not readily accessible

_____ SPRINKLERS; operating properly

_____ TRASH/RUBBISH; no accumulation inside or outside

_____ VIOLATIONS and/or PERMITS-BUILDNG CODE; none outstanding

_____ VIOLATIONS-PROPERTY MAINTENANCE; no outstanding violations

_____ WINDOWS: operable and no broken or cracked glass

MISCELLANEOUS:_____

_____

OFFICE USE ONLY

Inspection Date:_____ Inspector:_____ Inspection Results:_____