BOROUGH OF BOGOTA
375 LARCH AVENUE
BOGOTA, N.J. 07603
In God We Trust

- APPLICATION -

SMOKE DETECTOR - CARBON MONOXIDE - FIRE EXTINGUISHER CERTIFICATION

FOR OFFICIAL USE ONLY		
CERT. #	DATE REC'D.	
$	CK #	
INSPECTION DATE	MAP	ZONE

* PLEASE PRINT

*1. PROPERTY ADDRESS:	BLOCK #	LOT #	QUALIFIER #	CONDO OR APT #

CURRENT OWNER		NEW BUYER
*NAME:		*NEW BUYER'S NAME
*ADDRESS:		*NEW BUYER'S ADDRESS:
*CITY/STATE/ZIP		*CITY/STATE/ZIP
HOME PHONE:	WORK PHONE:	TELEPHONE #:

*REALTOR/ LAWYER'S NAME & ADDRESS & PHONE #	FLOOR TO BE OCCUPIED	CLOSING DATE/ DATE UNIT TO BE OCCUPIED

(MUST PROVIDE ACCESS TO DWELLING UNIT, BASEMENT, ATTIC, AND COMMON AREAS AS REQUIRED BY LAW)

2. TO BE COMPLETED BY: BUYER ☐ TENANT ☐

NO. OF ADULTS:	NO. OF CHILDREN:
*HUSBAND'S NAME:	*NAME:
*WIFE'S NAME:	*NAME:
*SINGLE ADULT:	*NAME:
*OTHER:	*NAME:
*NAME:	*NAME:
*NAME:	*NAME:

LIST ADDITIONAL NAMES AT BOTTOM (Section 5)

3. NUMBER OF DWELLING UNITS IN STRUCTURE: _____ MIXED USE: YES ☐ NO ☐ IF THREE OR MORE DWELLING UNITS, MUST PROVIDE NJ STATE BUREAU OF HOUSING REGISTRATION NUMBER: _____

4. WE CERTIFY THAT ALL THE FOREGOING STATEMENTS ARE TRUE. WE ARE AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY US ARE WILLFULLY FALSE, WE ARE SUBJECT TO PUNISHMENT.

DATE: ____/____/____ _____ (NEW TENANT / BUYER)

DATE: ____/____/____ _____ (CURRENT OWNER)

***** NO CLOSING IS TO TAKE PLACE WITHOUT THE COMPLETED CERTIFICATE OF INSPECTION!!!**

* PLEASE PRINT *

5. * ADDITIONAL TENANT NAMES AND FLOOR LOCATION: