

Downe Township
Municipal Office
288 Main Street
Newport, NJ 08345
Phone: 856-447-3100
Fax: 856-447-3533



LETTER OF TRANSMITTAL

DATE: September 15, 2021

TO: To Whom It May Concern

FROM: Nicole Marlette, Housing / Zoning

RE: **CO / Fire Inspection Information Packet**

Attached, please find the following CO/Fire Inspection Informational Letters and Forms, which will better explain our process:

- CO/Fire Inspection PROCESS & SCHEDULING REQs
- SMOKE-CO2 DETECTOR - Information Letter
- CO Inspection CHECKLIST
- Cert. of Occupancy (CO) APPLICATION

Should you have any questions, please feel free to contact me. Thank you for your attention to this matter.

Best Regards,

A handwritten signature in blue ink that reads "Nicole Marlette".

Nicole Marlette
Housing / Zoning Officer
Township of Downe
downtwpadassist@gmail.com
856-447-3100 Ext. 103

Established 1772



Nature lover's paradise

Last Updated: Sept. 15, 2021

RE: CO/FIRE INSPECTION – PROCESS & SCHEDULING REQUIREMENTS

The following is provided to address frequently asked questions on the requirements for Downe Township's Certification of Occupancy (CO) and Fire Inspection process. All requests for inspections are to be made via phone, email, mail, or office visit. Downe Township is doing everything possible to keep things moving forward in these difficult times and we ask for your cooperation for the shared safety.

Prior to the inspection being scheduled, the following items must be submitted to Downe Township's Housing/ Zoning Office at 288 Main Street, Newport NJ 08345:

- Septic Certificate OR Septic Waiver** – (Waivers must be in buyers' name.)
- Water Certificate** - (Fortescue properties are EXEMPT, as they have public water.)
- \$50 CHECK for Inspection Fee** - (Please make the check out to Downe Township.)
- Cert. of Occupancy (CO) Application**

Note: Do NOT schedule settlements until all information is submitted and approved.

The septic certificate and septic waiver are issued by the Cumberland County Health Department located at 309 Buck Street, Millville, NJ 08332. Please first call the Health Dept. at 856-327-7602 to verify their procedures.

The Seller is responsible to contact a water testing lab and schedule and arrange for the water tests. Copies of the passing water tests are to be provided by the Seller to Downe Township and the Cumberland County Health Department. Most importantly, Downe Township needs the water cert. approval from the Health Dept.

To assist in communicating some specific information that the H/Z Officer inspects during a CO Inspection, attached is Downe Township's CO Inspection Checklist.

Once all submissions are in place, we will contact you to schedule the inspection.

Inspections are ONLY scheduled on: Thursdays, 9 AM - 12 PM

Please feel free to contact me with any questions. Please take care and stay safe!

Sincerely,

Nicole Marlette
Housing / Zoning Officer
Township of Downe

288 MAIN STREET, NEWPORT, NJ 08345 • 856-447-3100, Fax: 856-447-3533

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RE: SMOKE/CO2 DETECTORS INFORMATION - CERTIFICATE OF OCCUPANCY

The following is provided to address frequently asked questions on the requirements for Downe Township's Smoke / CO2 Fire Inspections.

For our inspections on smoke and CO2 Detectors, we require that a smoke / CO2 detector is installed and operational within each bedroom. In addition, a smoke / CO2 detector is required outside the bedrooms within 10' of any bedroom door. For example if your home has two bedrooms on the same level, with the bedroom doors right next to each other, you will be required to have a smoke / CO2 detector in each bedroom AND one in the hall that is within 10' of each bedroom door.

IN ADDITION, one is located at each level of the home. For example, if you have a 2 story home on a basement with the bedrooms upstairs, in addition to the smoke/CO2 detectors referenced previously, one is required at the second floor, at the first floor, and at the basement level.

It is also required that a valid ABC fire extinguisher be located and readily assessable in the kitchen.

This listing is solely for the purposes of the Fire detection Inspection of the Downe Township Certificate of Occupancy Inspection and does not supersede any other requirements of other authorities having jurisdiction.

Additional information can be obtained through reference N.J.A.C. 5:70-4.19.

Please feel free to contact me with any questions. Please take care and stay safe!

Sincerely,

A handwritten signature in blue ink that reads "Nicole Marlette".

Nicole Marlette
Housing / Zoning Officer
Township of Downe

DOWNE TOWNSHIP – HOUSING OFFICE
INSPECTION CHECKLIST

PRESENT IN PLACE

- | | | | |
|------------|--------|---|--------|
| 1. YES [] | NO [] | Smoke Detectors: Operating – YES [] | NO [] |
| 2. YES [] | NO [] | Handrail _____ | |
| 3. YES [] | NO [] | Relief Valve (Hot Water) _____ | |
| 4. YES [] | NO [] | Appliance vented properly _____ | |
| 5. YES [] | NO [] | Emergency exit - 3rd floor sleeping _____ | |

IN PROPER CONDITION

- | | | | |
|-------------|--------|----------------------------------|--|
| 6. YES [] | NO [] | Windows _____ | |
| 7. YES [] | NO [] | Heating System _____ | |
| 8. YES [] | NO [] | Plumbing _____ | |
| 9. YES [] | NO [] | Electric _____ | |
| 10. YES [] | NO [] | Water Pressure _____ | |
| 11. YES [] | NO [] | Screens _____ | |
| 12. YES [] | NO [] | Ceilings, walls and floors _____ | |
| 13. YES [] | NO [] | Doors – Exterior/Interior _____ | |
| 14. YES [] | NO [] | Roof Condition _____ | |

PROPERTY CONDITION

- | | | | |
|-------------|--------|--|--|
| 15. YES [] | NO [] | Needs Paint - Interior _____ | |
| 16. YES [] | NO [] | Needs Extermination _____ | |
| 17. YES [] | NO [] | General Clean-Up Inside/Exterior _____ | |
| 18. YES [] | NO [] | Garbage Container _____ | |
| 19. YES [] | NO [] | House Number _____ | |
| 20. YES [] | NO [] | Needs Paint - Exterior _____ | |

**TOWNSHIP OF DOWNE
CERTIFICATE OF OCCUPANCY APPLICATION**

CO # _____

***NOTE: CO Inspections Scheduled ONLY on: Thursdays, 9AM – 12PM**

Date: _____ Block: _____ Lot: _____

Inspection Address: _____

Type of Structure (Select One): Single Family Duplex Multi-Family # of Units: _____

Owner / Seller (Circle One): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email (optional): _____

<p>List Names of ALL Occupants: Buyers / Tenants (Circle One)</p> <ol style="list-style-type: none">1. _____ Adult / Child2. _____ Adult / Child3. _____ Adult / Child4. _____ Adult / Child5. _____ Adult / Child6. _____ Adult / Child	<p>Buyer / Tenant Contact Information:</p> <p>Mailing Address: _____ _____</p> <p>Phone #: _____</p> <p>Email (optional): _____</p>
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Agency's Name: _____ Realtor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone #: _____ Office Fax #: _____

Realtor's Cell #: _____ Realtor's Email: _____

Preferred method to grant access to property for inspection: (Select one)

Person will be present Name: _____ Contact #: _____

Lock Box Location (Ex: front door): _____ Combination #: _____

PLEASE NOTE: REINSPECTIONS AND CORRECTIONS MUST BE MADE BEFORE TENANTS ARE PERMITTED TO MOVE IN.

Office Use:

Inspection Date: _____ Time: _____ Pass / Fail Septic Cert. / Waiver

Re-Inspection Date: _____ Time: _____ Pass / Fail Water Cert.

Inspection Fee (\$50): Paid On: _____ Check #: _____ Received By: _____

Re-Inspection Fee (\$50): Paid On: _____ Check #: _____ Received By: _____

Nicole Marlette, Housing Official
288 Main Street, Newport, NJ 08345
Monday-Friday, 8:30am-4:30pm
downetwpadassist@gmail.com
856-447-3100 (ext. 103)