

Township of Berkeley Certificate of Occupancy Application

Housing Inspection Fee \$55.00

Smoke/Carbon/Fire Extinguisher Certification \$20.00

Two separate checks both made payable to Berkeley Township

Transfer of Title Fees \$45.00-NON HABITABLE DWELLING ONLY

Re-Inspection Fee \$25.00

All fees must be paid prior to Housing Inspections.

 Resale _____ Rental _____ Transfer of Title _____

Block _____ Lot _____

Property Address _____

Name of Buyer(s) or Tenant(s) _____

One Family _____ Two Family _____ Building# _____ Condo/Apt# _____

City Water _____ Well Water _____ (Certificate required from OCHD if primary source)

Heat: Natural Gas _____ Electric _____ Propane Gas _____ Oil _____

(Certificate of Tight Tank required if above or below ground tank on premises)

Flood Elevation Certificate _____ (Current sealed copy required if property is in a flood zone)*

Owner's Name _____

Mailing Address _____

Realtor _____

HOMEOWNER ASSOCIATION APPROVAL LETTER (Adult Communities only) _____

LANDLORD REGISTRATION FORM (Rental Properties only) Fill out form on website

Please be advised that someone **must be present** at the property at the scheduled time of inspection.

Signature: Owner or Designated Agent

Date

Feel free to contact our office with any questions you may have 732-244-7400 x238 or x235.

Berkeley Township will not be held responsible for any false statements made above.

Berkeley Township Code Enforcement Office, P.O. Box B, 627 Pinewald-Keswick Road, Bayville, NJ 08721

Code Enforcement Office
627 Pinewald/Keswick Road
P.O. Box B
Bayville, NJ 08721



Phone: 732-244-7400 ext.238
Fax: 732-244-6227

RENTAL/RESALE INSPECTION

Property Location: _____

Property Owner: _____

Requested By: _____

Block: _____ Lot: _____

****Contact Phone Number** REQUIRED** _____

I, _____, certify that the

(Signature of Owner or Designated Agent)

dwelling at the above mentioned location has no open construction permits.

Application Date: _____

Berkeley Township will not be held responsible for any false statements made above.

FOR CONSTRUCTION DEPARTMENT USE ONLY:

Please verify that there are no construction permits and/or violations outstanding **PRIOR** to the Code Enforcement Office inspection for continued Certificate of Occupancy.

OUTSTANDING PERMITS? (Please check one) Yes _____ No _____

If Yes: Permit# _____ Description _____

Permit# _____ Description _____

Permit# _____ Description _____

Permit# _____ Description _____

Permit# _____ Description _____

Permit# _____ Description _____

OUTSTANDING VIOLATIONS? (Please check one) Yes _____ No _____

Construction Department Signature

Date

Berkeley Township
627 Pinewald/Keswick Road
P.O. Box B
Bayville, NJ 08721



BUREAU OF FIRE PREVENTION
Jack Wiegartner, Fire Official
Phone: 732-244-7400
Fax:

BERKELEY

TOWNSHIP

**APPLICATION FOR ONE & TWO FAMILY
CERTIFICATION OF SMOKE DETECTOR / CARBON MONOXIDE COMPLIANCE
BERKELEY TOWNSHIP, OCEAN COUNTY.**

Dwelling Location: Block _____ Lot _____

Number & Street _____

CONTACT PERSON: Name: _____ Phone # _____

Email Address: _____ Fax # _____

I, _____ certify that the dwelling at the above location has smoke detectors installed and are in working order as stated below:

- Smoke** [] On each level of the dwelling including the basement; excluding attic or crawl space; and
- Detector** [] Outside each separate sleeping area; and
- Certification** [] All smoke detectors are in working order.

An inspection shall be conducted by an Inspector from the Township of Berkeley. The detectors above shall be located in accordance with NFPA 72. The detectors are not required to be interconnected. Battery Powered detectors are acceptable. Note: Home constructed after January, 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order.

As per N.J.A.C. 5:70-2.3 as of 4/7/03 all Local Enforcing Agencies are required to inspect all one and two family homes for proper placement of Carbon Monoxide detectors prior to rental or resale of real property.

N.J.A.C. 5:70-2.3: No Municipal Certificate of Occupancy be issued for any Use Group R-3 or R-4 structure containing a fuel burning appliance and/or attached garage unless each dwelling unit contains at least one carbon monoxide alarm. Alarms may be battery operated, shall list in accordance with UL-2034 and must be installed in the **immediate vicinity of sleeping areas** as per NFPA-720

****NOTE:** All Boxes must be checked in order for certification to be valid.

- Carbon Monoxide** [] Outside each Separate Sleeping area (within 10 feet of the bedrooms)
- Certification** [] All Carbon Monoxide Detectors are in working order

I do hereby 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 will be subject to penalty.

Applicant Signature (owner or Designated agent)

Print Name

For Official use only

The cost for this certificate is \$20.00 and the check should be made payable to Berkeley Township Fire Prevention.

Date Paid: _____ Check #: _____ Receipt #: _____

SMOKE CERTIFICATION: _____ -Failed _____ -Date(s) Failed

Reason for Failure: _____

Inspectors Signature upon passing Inspection: _____ Date: _____

CARBON MONOXIDE DETECTOR CERTIFICATION: _____ - Failed _____ -Date(s) Failed

Reason for Failure: _____

Inspectors Signature upon passing Inspection: _____ Date: _____