

**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.

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 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) \_\_\_\_\_

<http://www.twp.berkeley.nj.us/docs/LANDLORD%20REGISTRATION.pdf>

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 \_\_\_\_\_

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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: \_\_\_\_\_

**LANDLORD REGISTRATION STATEMENT**

*In compliance with N.J.S.A. 46:8-28, the following information is furnished:*

TOWNSHIP CLERK  
TOWNSHIP OF BERKELEY  
627 PINEWALD/KESWICK ROAD  
P.O. BOX B  
BAYVILLE, NJ 08721



**An Answer to every question #'s 1-9 Is REQUIRED**

1. ADDRESS OF RENTAL PROPERTY:

2. If the record owner supplies heating fuel oil, you must provide the Fuel Oil Company name, address, phone number and grade of fuel utilized.

- The building is not heated by fuel oil.
- The building is heated by fuel oil, but the landlord does not provide heat.

3. NAME, ADDRESS, & PHONE NUMBER OF RECORD OWNER (S) OF THE PREMISES AND THE RECORD OWNER(S) OF THE RENTAL BUSINESS IF NOT THE SAME PERSONS:

4. IF THE RECORD OWNER IS A CORPORATION, THE NAME AND ADDRESS OF THE REGISTERED AGENT AND CORPORATE OFFICERS OF SAID CORPORATION:

- Record owner is not a corporation.

5. IF THE ADDRESS OF ANY RECORD OWNER IS NOT LOCATED IN OCEAN COUNTY, THE NAME, ADDRESS, AND PHONE NUMBER OF A PERSON WHO RESIDES IN OCEAN COUNTY AND IS AUTHORIZED TO ACCEPT NOTICES FROM AND TENANT AND TO ISSUE RECEIPTS THEREFORE AND TO ACCEPT SERVICE OF PROCESS ON BEHALF OF THE RECORD OWNER:

- The record owner(s) are in Ocean County.

6. NAME, ADDRESS, & PHONE NUMBER OF MANAGING AGENT IF ANY:

- There is no managing agent.

7. NAME, ADDRESS, & PHONE NUMBER, INCLUDING THE DWELLING UNIT, APARTMENT OR ROOM NUMBER OF THE SUPERINTENDENT, JANITOR, CUSTODIAN OR OTHER INDIVIDUAL EMPLOYED BY THE RECORD OWNER OR MANAGING AGENT TO PROVIDE REGULAR MAINTENANCE SERVICE, IF ANY:

- There is no superintendent, janitor, custodian or managing agent to provide regular maintenance service.

8. NAME, ADDRESS, & PHONE NUMBER OF AN INDIVIDUAL REPRESENTATIVE OF THE RECORD OWNER OR MANAGING AGENT WHO MAY BE REACHED OR CONTACTED AT ANY TIME IN THE EVENT OF AN EMERGENCY AFFECTING THE PREMISES OR ANY UNIT OF DWELLING SPACE THEREIN, INCLUDING SUCH EMERGENCIES AS THE FAILURE OF ANY ESSENTIAL SERVICE OR SYSTEM, AND WHO HAS THE AUTHORITY TO MAKE EMERGENCY DECISIONS CONCERNING THE BUILDING AND ANY REPAIR THERETO OR EXPENDITURE IN CONNECTION THEREWITH:

9. NAME, ADDRESS, & PHONE NUMBER OF EVERY HOLDER OF A RECORDED MORTGAGE ON THE PREMISES:

- There is no recorded mortgage on the property.

SIGNATURE: \_\_\_\_\_  
LANDLORD

DATED: \_\_\_\_\_