TOWNSHIP OF TOMS RIVER
HOUSING & PROPERTY MAINTENANCE
33 WASHINGTON STREET
P O BOX 728 TOMS RIVER, NJ 08754-0728
(732)-341-1000, EXT. 8440 – FAX (732)-286-3814

RENTAL CERTIFICATE OF OCCUPANCY APPLICATION

MINIMUM FIVE (5) DAYS NOTICE IS REQUIRED FOR AN INSPECTION APPOINTMENT
MINIMUM TEN (10) DAYS NOTICE IS REQUIRED FOR AN INSPECTION APPOINTMENT FROM 5/1 TO 7/15
ORDINANCE #4256-10, CHAPTER 335-2(H)

ANNUAL INSPECTION FEE $100.00 – PER UNIT _____ REINSPECTION FEE if unit fails -$50.00

MAKE CHECK PAYABLE TO TOWNSHIP OF TOMS RIVER

THIS FORM MUST BE FILLED OUT WITH BLOCK, LOT, NAME & ADDRESS FOR EACH RENTAL UNIT AND THE DATE UNIT WILL BE READY FOR INSPECTION. THIS FORM MUST BE SUBMITTED TO THE HOUSING/PROPERTY MAINTENANCE OFFICE WITH THE FEE OF $100.00. AN ADDITIONAL FEE OF $50.00 WILL BE CHARGED FOR EACH REINSPECTION REQUIRED. A COURTESY GUIDELINE LIST IS AVAILABLE TO ASSIST YOU FOR PREPARATION OF INSPECTION. PLEASE USE THIS LIST TO REDUCE THE CHANCE OF REINSPECTION.

ALL PROPERTY OWNERS MUST COMPLETE A LANDLORD REGISTRATION FORM FOR EACH CHANGE OF TENANTS WITH THE TOWNSHIP OF TOMS RIVER CLERK'S OFFICE.

Your Certificate of Occupancy is valid during the calendar year in which you obtain it (JAN 1 THRU DEC 31) and is valid as long as the same tenant occupies the premises. You must obtain a new Certificate of Occupancy with each change of tenant. **EXCEPTIONS**: If you obtain a Certificate of Occupancy in a calendar year and a change of tenant occurs during that same year, you are not required to obtain a new Certificate of Occupancy but we strongly advise that you obtain a new one for your records. (This office can not testify to the conditions of the property if you do not obtain a new Certificate in the same year.) **A rental Certificate of Occupancy is not an approval for any zoning, use, fire or building code requirements, and you must check with those Township departments to determine if additional approvals are necessary.**

Please check appropriate items, which apply to your rental:

WATER SUPPLY: **CITY**_____ **WELL**_____ **** SEE NOTE**

TYPE OF RENTAL: **SEASONAL**_____ **YEAR ROUND**_____

FURNISHED_____ **UNFURNISHED**_____

****NOTE: IF WELL WATER, OCEAN COUNTY HEALTH DEPT. WATER ANALYSIS CERTIFICATION IS REQUIRED WITH APPLICATION.**
ALL UTILITIES (GAS, WATER & ELECTRIC) MUST BE ON, INCLUDING APPLIANCES & CIRCUIT BREAKERS PRIOR TO THE INSPECTION OR A FIFTY ($50.00) REINSPECTION FEE WILL BE CHARGED.
EVERY UNIT MUST HAVE A SMOKE ALARM ON EACH LEVEL & CARBON MONOXIDE DETECTOR WITHIN 10' OF A SLEEPING AREA. TOTAL ELECTRIC UNITS WITH NO GARAGE OR GAS DO NOT REQUIRE A C.O. DETECTOR.
BOCA NATIONAL PROPERTY MAINTENANCE CODE DETERMINES OCCUPANCY LOAD.

RENTAL PROPERTY ADDRESS: _____

NAME OF CONDOMINIUM: _____

BLOCK: _____ **LOT:** _____ **QUAL:** _____ **BLDG#**_____ **APT#**_____

OWNER'S NAME: _____ **PHONE#:** _____

OWNER'S ADDRESS: _____ **TOWN:** _____ **STATE:** ___ **ZIP:** _____

RENTAL AGENT: _____

AGENT'S ADDRESS: _____ **PHONE:** _____

DATE TO BE INSPECTED (WEEKDAYS ONLY): _____

PLEASE CHECK: OWNER PRESENT: _____ **RENTAL AGENT PRESENT:** _____

LAST C.O. #: _____ **DATE ISSUED:** _____

NO TIME WILL BE GIVEN FOR INSPECTION. INSPECTION WILL BE MADE BETWEEN 10:00 AM AND 4:00 PM, MONDAY THRU FRIDAY EXCEPT FOR HOLIDAYS.

SIGNATURE: _____
OWNER OR DESIGNATED AGENT

OFFICIAL USE: DATE RECD.: _____ **CHECK #:** _____ **C.O.#:** _____

WALK IN: _____ **MAIL IN:** _____