

BOROUGH OF ALLENHURST

APPLICATION FOR CERTIFICATE OF OCCUPANCY

125 CORLIES AVENUE
ALLENHURST, NJ 07711

Tele: (732)-531-2757

Fax: (732) 531-8694

APPLICATION NO. _____

DATE _____

BLOCK _____ LOT(S) _____

(Please call 732-685-1413 to set up appointment for inspection.)

CATEGORY: Sale ☐

Street Address of Property: _____

Apartment No. or location of unit to be inspected: _____

Name of Present Owner: _____ Phone No. _____

Address: _____

Name of New Owner/Lessee _____ Phone No. _____

Name of Real Estate Agent: _____ Phone No. _____

1. Number of Bedrooms: _____

2. Please list all people who will occupy premises under this Certificate of Occupation. Please include each person's former address and phone number for the past one year *(please include all children)*:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

6. _____
7. _____
8. _____

NOTE: Each adult may be required to submit an affidavit certifying status as a member of the bona-fide single family unit which will occupy the premises.

3. List Names and Ages of all School Age Children (Grade 12 and Under) who will live on the premises and the schools they attend or will attend.

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

4. List Names and Ages of all Pre-School Age Children.

<u>NAME</u>	<u>AGE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

5. List any dogs/cats that will be residing on the premises _____
- _____

H. FEE PAID WITH APPLICATION: (Please Check One)

Initial Inspection and Reinspection

Updated 9-2021

Commercial Use	\$150.00	<input type="checkbox"/>
Houses	125.00	<input type="checkbox"/>
Apartments	100.00 per unit	<input type="checkbox"/>

NOTE: An inspection will not be scheduled and a Certificate of Occupancy will not be issued unless the applicant has complied with all ordinances, including, but not limited to, payment of applicable fees. If there is no Designee or Property Manager, or if other sections do not apply, please write "N/A" in that section. **DO NOT LEAVE ANY SECTIONS BLANK!**

SIGNATURE OF PROPERTY OWNER

I, _____, swear and affirm, under oath, 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 am subject to punishment.

_____ (Signature of Property Owner) _____ (Date of Signature)

CONSTRUCTION MORATORIUM BEGINS ON JUNE 30TH AT 5PM. ALL CONSTRUCTION MUST CEASE AS OF THAT DATE. WAIVERS MAY BE REQUESTED BY SUBMITTING AN APPLICATION TO THE GOVERNING BODY. WAIVERS WILL BE GRANTED FOR EMERGENCIES ONLY. ANY QUESTIONS SHOULD BE DIRECTED TO BOROUGH HALL AT 732-531-2757.

APPLICATIONS FOR SALES MUST INCLUDE A CURRENT SURVEY OF THE PROPERTY

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Division of Codes and Standards
Bureau of Fire Safety
CN 809
Trenton, New Jersey 08624-0809
Phone (609) 633-6132

**APPLICATION FOR ONE & TWO FAMILY DWELLING
CERTIFICATION OF SMOKE AND CARBON MONOXIDE DETECTOR COMPLIANCE**

All Smoke and Carbon Monoxide Detectors must be no older than 10 years of age and must contain batteries with a service life of a minimum of 10 years.

Dwelling Location: Block _____ Lot(s) _____
Street _____
Municipality _____, County: _____

***NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID**

- ☐ - Smoke detectors on each level of the dwelling, including basements; excluding attic or crawl space; and
☐ - Smoke detector and carbon monoxide alarm outside each separate sleeping area, and within 10 feet of bedrooms
☐ - All smoke detectors are in working order ☐ - Carbon monoxide alarm(s) in working order

This is a _____ story dwelling _____ with _____ without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFPA-720. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order.

****SMOKE DETECTOR CERTIFICATES ARE VALID FOR SIX (6) MONTHS****

Please mail certificate to: _____ Phone # _____

_____ Fax # _____

Contact Person: _____ Phone # _____

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.

Sworn and subscribed to me before this _____ day of _____, _____

Notary Signature

SEAL

Applicant Signature

Printed Name

OFFICIAL USE ONLY

Log Number: _____



Borough of Allenhurst

125 Corlies Avenue
Allenhurst, NJ 07711

Telephone: (732) 531-2757 Fax: (732) 531-8694

New Smoke Alarm/Fire Extinguisher Regulations When Applying for Certificate of Smoke Alarm, Carbon Monoxide Alarm and Portable Fire Extinguisher Compliance (CSACMAPFEC)

This is required for all Residential CO Applications

Effective 1/1/2019, all one and two family dwellings must have Fire Extinguishers with a rating of 2A-10B:C, no more than 10 lbs. and mounted within 10' of the kitchen and located in the path of egress. Extinguishers must be tagged or newly purchased (receipt required and must be less than one year old if newly purchased).

Effective 1/1/2019, all one and two family dwellings must have 10 year sealed battery smoke alarms. Smoke alarms are required on each level of the home and within 10' of each bedroom. This does not apply to homes equipped with 110 volt smoke alarms or homes equipped with a low voltage fire alarm system. Low voltage alarm systems require annual certification from a licensed electrician or certified fire alarm contractor.