

BOROUGH OF ALLENHURST
APPLICATION FOR CERTIFICATE OF OCCUPANCY
Multi Family Dwellings – 3 or more units

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 ☐ Rental-Summer ☐ Rental-Winter ☐ Rental-Yearly ☐

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

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

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: _____

CODE ENFORCEMENT

125 CORLIES AVENUE
ALLENHURST, NJ 07711

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

PROPERTY OWNER'S CERTIFICATION IN LIEU OF AFFIDAVIT FOR RENTAL LICENSE

C. O. APPLICATION NO. _____
DATE _____
BLOCK _____ LOT(S) _____
ADDRESS _____

In accordance with the provisions of
Ordinance #2010-16 of the Borough
of Allenhurst

I, _____ (property owner), by way of certification, under oath,
in lieu of affidavit say that:

1. I have retained a fully executed copy of any lease agreement executed by all persons who will be tenants of the dwelling unit, if a written lease agreement was made.
2. I have obtained a true and correct copy of the driver's license or, if not available, alternative proof of identification, for each adult tenant.
3. I have determined that each adult tenant intends to reside in the dwelling unit for a duration of 175 days or less as a temporary residence and that he or she maintains a permanent residence elsewhere.
4. I have obtained a certification from all persons who will be tenants as to the occupancy limits of this unit.
5. If applicable, I have obtained a certification advising of the existence of an "Animal House Bond", completed by all persons who will be tenants of the dwelling unit.
6. I have paid in full any and all taxes, sewer payments and any other municipal charges and inspection fees.
7. I have: (check one)

- 7A. _____ Submitted with this certification, a legible and accurate floor plan.
7B. _____ Previously submitted a legible and accurate floor plan.

NOTE: An inspection will not be scheduled and a Certificate of Occupancy and/or License will not be issued if all requirements of the Ordinances of the Borough of Allenhurst have not been complied with, including, but not limited to: payment of taxes, municipal charges and applicable fees, inspection fees and submission of a floor plan. If more than three (3) floors of living space are discovered, Planning Board approval may be required prior to issuance of a certificate.

I, _____ (print name of property owner), certify, 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)

OFFICE USE ONLY

The following fees have been paid and documents provided in connection with this application:

- _____ Taxes
- _____ Sewer payment
- _____ Animal House bond (if applicable)
- _____ Inspection fees
- _____ Floor plan (if none is currently on file)
- _____ Tenant certification of occupancy limits (executed by all tenants listed on application)
- _____ Tenant certification of acknowledgement that this property falls within the "Animal House" ordinance.
(if applicable) (executed by all tenants listed on application)

Name

Date

CODE ENFORCEMENT

125 CORLIES AVENUE
ALLENHURST, NJ 07711

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

TENANTS' CERTIFICATION AS TO PERMITTED OCCUPANCY

C. O. APPLICATION NO. _____
DATE _____
BLOCK _____ LOT(S) _____
ADDRESS _____

In accordance with the provisions of
Ordinance #2010-16 of the Borough
of Allenhurst

I HEREBY ACKNOWLEDGE, that the maximum permitted occupancy of this rental is _____ persons. I understand that occupancy by a number of persons greater than this maximum limit is a violation of Borough ordinance and shall result in the issuing of a summons which carries a fine for a first time offense of not less than \$265.00 to each tenant of the dwelling and at the time the occupancy limit is exceeded.

I FURTHER UNDERSTAND that rental occupancy limits are strictly enforced, and that they apply to all occupants of rentals regardless of whether they are tenants or guests.

I CERTIFY, 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.

ALL TENANTS LISTED ON THE APPLICATION FOR A CERTIFICATE OF OCCUPANCY/LICENSE MUST SIGN.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

NOTE: If anyone has misrepresented the maximum permitted occupancy of this rental to you, you may have a claim against them under the New Jersey consumer Fraud Act, N.J.S.A. 56:12-1, et. Seq. Consult a lawyer or contact the Allenhurst Code Official at (732) 531-2757.

INSTRUCTIONS FOR CERTIFICATES OF OCCUPANCY AND RENTAL LICENSES

Application for Certificate of Occupancy and Smoke Detector Compliance goes to everyone.

If it is a sale, a **current survey** must be included. No other paperwork is necessary.

If it is a rental, the following paperwork is required:

1. Property owners certification for rental license, including:
 - a. New floor plan or certification that previous floor plan has been submitted.
 - b. Tenant's Certification as to Permitted Occupancy (signed by all tenants).
 - c. If property has been deemed an "ANIMAL HOUSE", a Tenant's Certification as to Awareness of Designation must be submitted (signed by all tenants).

CO is issued to Property Owner. Rental License is issued to property owner and mailed to rental address.

NOTE: If property owner is required to post an Animal House Bond during an existing tenancy, he must submit Certification as to Awareness to tenants within five (5) business days of the date of Administrative Hearing Officer's Decision and Order. Forms shall be submitted to Borough within 10 days or the owner must prove that he has taken reasonable steps to obtain same from tenant and has been unable to do so.



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)

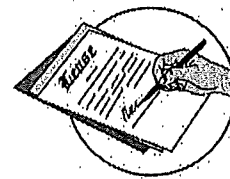
This is required for all Residential CO Applications

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.



**New Jersey Department of Community Affairs
Division of Codes and Standards
Landlord-Tenant Information Service**



**REGULATIONS FOR THE LANDLORD IDENTITY
REGISTRATION FORM**

N.J.A.C. 5:29-1.1

Printed June 2011

5:29-1.1 Applicability

- (a) Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by landlords to tenants in single unit dwellings and in two – unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.
- (b) Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and N.J.A.C. 5:10-1.11. **(Contact the Bureau of Housing Inspection, P.O. Box 810, Trenton, New Jersey 08625 (609) 633-6240 for registration applications for buildings with three or more dwelling units)**

THE ATTACHED FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO UNIT DWELLINGS THAT ARE NOT OWNER-OCCUPIED. **(DO NOT SEND THIS STATEMENT TO LANDLORD-TENANT INFORMATION SERVICE)**

Similar forms may be obtained from private sources. You may obtain a copy of the form by faxing your request to (609) 609-292-2839 or by writing to:

New Jersey Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
Landlord-Tenant Information Service
P.O. Box 805
Trenton, New Jersey 08625-0805

LANDLORD IDENTITY REGISTRATION STATEMENT
ONE AND TWO-UNIT DWELLING REGISTRATION FORM

The form of the certificate of Registration to be filed with the municipal clerk and distributed to tenants by owners or non-owner occupied one and two unit dwellings shall be substantially as follows:

(1) Property Address:

(2) The names and addresses of all record owners of the building or the rental business (including all general partners in the case of a partnership) are as follows:

(3) If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows:

☐ Record owner is not a corporation.

(4) If the address of any record owner is not located in the county in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s) is as follows:

☐ The addresses of all record owners in the county in which the dwelling is located:

(5) The name and address of the managing agent is as follows:

☐ There is no managing agent.

(6) The name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service is as follows:

☐ There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service.

- (7) The name, address and telephone 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 dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures, is as follows:

- (8) The names and addresses of all holders of recorded mortgages on the property are as follows:

☐ There is no recorded mortgage on the property.

- (9) If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

☐ The building is not heated by fuel oil

☐ The building is heated by fuel oil, but the landlord does not furnish heat.

Date

Landlord or Authorized Representative

SEND COMPLETED FORMS TO TENANTS AND MUNICIPAL CLERKS ONLY