



Code Enforcement

627 Pinewald-Keswick Rd, PO Box B, Bayville, NJ 08721

732-244-7400 x1238

Township of Berkeley Certificate of Occupancy Application

Housing Inspection Fee: \$55.00 Smoke/Carbon Fire Extinguisher Certification: \$40.00

Two Separate checks both made payable to Berkeley Township

Transfer of Title Fee: \$45.00 NON HABITABLE DWELLINGS ONLY

Re-Inspection Fee: \$25.00

Flood Elevation Certificate Review Fee: \$100.00 (only applicable if property is in a flood zone)

All fees must be paid prior to Housing Inspection

Resale _____ Rental _____ Transfer of Title _____

Block _____ Lot _____ Year Built _____

Property Address _____

Name of Buyer(s) or Tenants _____

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

Flood Elevation Certificate: Current sealed copy is required if the property is in a flood zone.

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

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

Owner's Name _____

Mailing Address _____

Realtor _____

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

Homeowner's Association Age Approval Letter (Adult Communities Only) _____

Landlord Registration Form (Rental Properties Only) _____

I acknowledge that it is my responsibility to research any added assessments, open permits and/or vacant property registration fees. _____ Initial

Signature of Applicant

Date

Someone must be present at the property at the scheduled time of inspection

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

BUREAU OF FIRE PREVENTION
Brian Kubiak, Fire Official
Phone: 732-244-7400 x1236



BERKELEY

TOWNSHIP

**APPLICATION FOR ONE & TWO
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 Detector Certification** On each level of the dwelling including the basement; excluding attic or crawl space; and
- Outside each separate sleeping area; and
- 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 Certification** Outside each Separate Sleeping area (within 10 feet of the bedrooms)
- 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

Print Name

For Official use only

The cost for this certificate is \$40.00 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: _____