



Code Enforcement  
627 Pinewald-Keswick Rd, PO Box B, Bayville, NJ 08721  
732-244-7400 x1506

**Township of Berkeley Certificate of Occupancy & Smoke Certificate  
RESALE \$150**

**Flood Elevation Certificate Review Fee: \$100.00 must be paid on a separate check & submitted to the Zoning Department (only applicable if property is in a flood zone)**

**Fees must be paid prior to Housing Inspection. All checks to be made payable to Berkeley Township.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Year Built \_\_\_\_\_

Property Address \_\_\_\_\_

Name of Buyer(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 (only required if above or below ground oil tank on premise)

Flood Elevation Certificate \_\_\_\_\_

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Realtor \_\_\_\_\_

**Original copy** of the Homeowner's Association Age Approval Letter (Adult Communities 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\***

**If the property fails the initial inspection, please be advised there is a \$50 reinspection fee that must be paid prior to scheduling re- inspection.**

Berkeley Township  
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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 FAMILY  
CERTIFICATION OF SMOKE DETECTOR / CARBON MONOXIDE COMPLIANCE  
BERKELEY TOWNSHIP, OCEAN COUNTY.**

Dwelling Location: Block \_\_\_\_\_ Lot \_\_\_\_\_  
Address \_\_\_\_\_

**CONTACT PERSON:** Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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**For Official use only**

**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: \_\_\_\_\_