

**Township of Berkeley Certificate of Occupancy Application**  
**Housing Inspection Fee \$55.00      Smoke/Carbon/Fire Extinguisher Certification \$20.00**  
**Two separate checks both made payable to Berkeley Township**  
**Transfer of Title Fees \$45.00-NON HABITABLE DWELLING ONLY**  
**Re-Inspection Fee \$25.00**  
**All fees must be paid prior to Housing Inspections.**

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Resale \_\_\_\_\_ Rental \_\_\_\_\_ Transfer of Title \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

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

Name of Buyer(s) or Tenant(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 required if above or below ground tank on premises)

Flood Elevation Certificate \_\_\_\_\_ (Current sealed copy required if property is in a flood zone)

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

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

Realtor \_\_\_\_\_

HOMEOWNER ASSOCIATION APPROVAL LETTER (Adult Communities only) \_\_\_\_\_

LANDLORD REGISTRATION FORM (Rental Properties only) \_\_\_\_\_

<http://www.twp.berkeley.nj.us/docs/LANDLORD%20REGISTRATION.pdf>

Please be advised that someone **must be present** at the property at the scheduled time of inspection.

\_\_\_\_\_  
Signature: Owner or Designated Agent

\_\_\_\_\_  
Date

Feel free to contact our office with any questions you may have 732-244-7400 x238 or x235.

Berkeley Township will not be held responsible for any false statements made above.

Berkeley Township Code Enforcement Office, P.O. Box B, 627 Pinewald-Keswick Road, Bayville, NJ 08721

Code Enforcement Office  
627 Pinewald/Keswick Road  
P.O. Box B  
Bayville, NJ 08721



Phone: 732-244-7400 ext.238  
Fax: 732-244-6227

**RENTAL/RESALE INSPECTION**

Property Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Requested By: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**\*\*Contact Phone Number\*\* REQUIRED** \_\_\_\_\_

I, \_\_\_\_\_, certify that the

**(Signature of Owner or Designated Agent)**

dwelling at the above mentioned location has no open construction permits.

Application Date: \_\_\_\_\_

**Berkeley Township will not be held responsible for any false statements made above.**

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**FOR CONSTRUCTION DEPARTMENT USE ONLY:**

Please verify that there are no construction permits and/or violations outstanding **PRIOR** to the Code Enforcement Office inspection for continued Certificate of Occupancy.

OUTSTANDING PERMITS? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Permit# \_\_\_\_\_ Description \_\_\_\_\_

OUTSTANDING VIOLATIONS? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Construction Department Signature

\_\_\_\_\_  
Date

TOWNSHIP HALL  
Pinewald-Keswick Road  
P. O. Box B  
Bayville, NJ 08721

BUREAU OF FIRE PREVENTION  
Jack Weigartner, Fire Official  
Phone: (732) 244-7400  
Fax: (732) 244-0131

BERKELEY



TOWNSHIP

APPLICATION FOR ONE & TWO FAMILY

CERTIFICATION OF SMOKE DETECTOR COMPLIANCE

Dwelling Location: Block \_\_\_\_\_ Lot \_\_\_\_\_  
Street \_\_\_\_\_  
Municipality: Berkeley Township 08721

I, \_\_\_\_\_ certify that the dwelling at the above location has smoke detectors installed and are in working order as stated below:

- ( ) On each level of the dwelling, including basements; 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 required above shall be located in accordance with NFPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. Note: Homes constructed after January, 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order. See diagrams for further information regarding installation on the back of this application.

Address Certificate is to be sent: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

The cost for this Certificate is \$20.00 and the check should be made payable to Berkeley Township Fire Prevention.

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

BERKELEY  
TOWNSHIP



FIRE PREVENTION &  
CODE ENFORCEMENT

## Application for One & Two Family Dwelling Certification of Carbon Monoxide Compliance

As per N.J.A.C. 5:70-2.3, on April 7, 2003 all Local Enforcing Agencies will be required to inspect all One and Two family homes for proper placement of Carbon Monoxide Detectors prior to the sale.

N.J.A.C. 5:70-2.3 states that no Municipal Certificate of Occupancy be issued for any Use Group R-3 or R-4 structure containing a **fuel burning appliance** and/or an **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.

Dwelling Location (not mailing address):

BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_

STREET \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_

\*NOTE: All boxes must be checked in order for certification to be valid

Outside each separate sleeping area (within 10 feet of the bedroom)

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.

\_\_\_\_\_  
Signature ( Owner or Designated Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Contact person \_\_\_\_\_

Phone Number \_\_\_\_\_

FAILED \_\_\_\_\_

Date Failed \_\_\_\_\_

Reason for failure:

\_\_\_\_\_  
Inspector's Signature (sign upon passing the dwelling)

Date Passed \_\_\_\_\_