



Township of Little Egg Harbor

665 Radio Road

Little Egg Harbor, New Jersey 08087

Phone: 609-294-9071

Fax: 609-812-1732

COMMERCIAL / BUSINESS

Existing Structure Resale / Rental

Certificate of Occupancy Inspection Application

(Circle One)

Rental: \$50.00

Rental Re-inspect \$50.00

Resale: \$50.00

Resale Re-inspect \$15.00

Date: _____

Location of property: _____

Block: _____ Lot: _____

Owner's Name: _____

Address: _____

Phone# (____) _____

Buyer's / Renter's Name: _____

Address: _____

Phone# (____) _____

Inspection requested by: _____

Phone# (____) _____

Type of Business (Be specific):

Present / Previous: _____

Intended: _____

Water (check one) Public _____ Well _____ (water analysis required)

Signature: Owner: _____ Agent: _____

3/4/11

ITEMS TO BE INSPECTED

NOTE: This inspection is of a visual nature only. It is conducted in the interest of the health, welfare and safety of the public.

EXTERIOR: General condition of lot and exterior structure, such as debris, broken windows and pathway. Proper numbering on building, numerals to be a minimum of six inches tall.

INTERIOR: Free of debris and unnecessary materials boxes, etc.

WALLS: Generally clean and without holes.

CEILING: No missing tiles.

FLOORS: No loose tiles or carpeting.

FIRE: Check operation of emergency lighting, exit signs and carbon monoxide detector(s). Fire extinguishers accessibility and ready for use.

ELECTRIC: No exposed connections. All electrical switches, outlets, junction boxes and breaker panels must have covers on them. No open spaces in panel boxes. No loose or unsupported wires. All lighting fixtures must have proper covers per design.

PLUMBING: Proper venting of heating equipment. Safety relief valves on hot water heaters and boilers are required to be piped downward to 6 inches of the floor without using any reducers or plastic piping of any type. Cold water on right and hot water on left side of all faucets and valves. Water heaters must be operational and any leaking pipes must be repaired.

WELLS: Existing well water must be approved by Ocean County Health Department; phone – 732-341-9700. The certification must be submitted prior to the release of the Certificate of Occupancy.

GENERAL: No inspection shall take place until the inspection fee is paid in full. It is recommended that you take whatever action necessary to conform to this list prior to calling for inspection. Any open permits will prohibit the issuance of any Certificate of Occupancy.



Township of Little Egg Harbor

7 Gifford Road

(Mailing Address: 665 Radio Road)

Little Egg Harbor, New Jersey 08087

Phone: 609-294-9071

Fax: 609-294-9065

COMMERCIAL / BUSINESS

Pursuant to Little Egg Harbor Township Ordinance 156 all properties sold and rented shall be inspected before a Certificate of Occupancy can be issued. Prior to issuance of Certificate a certification of the heating unit, hot water unit, plumbing and electrical systems will be delivered to the construction code official.

Certification may be made by the property owner or licensed contractor(s).

Please complete form below:

I _____, do hereby certify that the heating unit, hot water unit, plumbing and electrical systems located at _____ Block _____, Lot _____, are in satisfactory and safe working condition. (Include name of licensed contractors, license numbers and company names if inspections were conducted by contractors).

Date: _____

Signature of authorized person
See above

Title

LANDLORD'S FILING STATEMENT
(In Accordance with N.J.S.A. 46:8-28, etc.)

PROPERTY ADDRESS: _____

A. Owner or Owners of Record & mailing address (in the case of a partnership/corporation, include name of all partners or officers):
Owner(s): _____
Address: _____
Telephone No.: _____

B. Person(s) responsible for maintenance service:
Name: _____
Address: _____
Telephone No.: _____

C. Managing Agent/Representative who is authorized to collect rent, issue receipts and accept service of process:
Agent/Representative: _____
Address: _____
Telephone No.: _____

D. Emergency Situation Contact:
Emergency Contact: _____
Address: _____
Telephone No.: _____

E. If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of fuel oil dealer servicing the building and the grade of fuel oil used:
Fuel Oil Dealer: _____
Address: _____
Telephone No.: _____

F. Name and address of holder(s) of a recorded mortgage:
Mortgage Company: _____
Address: _____

G. Tenant's Name: _____

H. Term of Lease: _____

Date Owner/Agent

Return to: **LITTLE EGG HARBOR TOWNSHIP**
665 Radio Road
Little Egg Harbor, NJ 08087

CLERKS OFFICE
Telephone: (609) 296 - 7241
Facsimile: (609) 296 - 5352