



Township of Little Egg Harbor

665 Radio Road

Little Egg Harbor, New Jersey 08087

Phone: 609-294-9071

Fax: 609-812-1732

Certificate of Occupancy Inspection Application Commercial/Business

Address to be Inspected:

Block:		Type of Business Present:
Lot:		Type of Business Intended

Today's Date:

Lockbox #:

Owners Name:	
Owners Phone:	
Owners Email:	
Owners Address:	

Agents Name:	
Agents Phone:	
Agents Email:	
Agents Address:	

Check One	Inspection Type	Fee
<input type="checkbox"/>	Rental	\$50.00
<input type="checkbox"/>	Resale	\$50.00
<input type="checkbox"/>	Rental Re-inspection	\$50.00
<input type="checkbox"/>	Resale Re-inspection	\$50.00

Check or Money Order Only; All checks made payable to "Little Egg Harbor Twp."

Check Number

Check Amount

Check One	Water Type
<input type="checkbox"/>	Public Water
<input type="checkbox"/>	Well Water
	Certificate Required

Check Off Any / All	Building	Electrical	Plumbing	Fire
Open Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Number				

Inspection Date:

Owner Signature

Agent Signature



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Mechanical Certification

Certification may be made by the property owner, licensed contractor(s), or a home inspection agency of choice.

Pursuant to Little Egg Harbor Township Ordinance 2001-14 and 8-10.0 all properties sold and rented shall have their *heating unit, hot water unit, plumbing, and electrical system* inspected and certified. Then the certification has to be delivered to the construction code official before a Certificate of Inspection / Occupancy can be issued.

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.

Owner / Inspectors Name

Inspectors License Number

Signature

Title

Date



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REQUIREMENTS

1. Complete and submit application along with appropriate Fee(s)
2. Schedule your inspection.
3. Submit a mechanical certification & well analysis from Ocean County Board of Health (if applicable) before a Certificate of Occupancy can be approved.

PRE-INSPECTION CHECKLIST

1. **Building Numbers:** Proper numbering on building, numerals to be a minimum of six inches tall.
2. **Fire:** Check operation of emergency lighting, exit signs, and carbon monoxide detector(s). Fire extinguishers accessibility and ready for use.
3. **Electric:** No Exposed connections. All electric 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.
4. **Plumbing:** Proper venting of heating equipment. Safety relief valves on hot water and boilers are to be piped downward to six 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 operational and any leaking pipes must be repaired
5. **General:** General condition of lot and exterior structure, such as debris, broken windows and pathway. It is recommended that you take whatever action to conform to this list prior to calling for inspection. Any open permits will prohibit the issuance of any Certificate of Occupancy.