

Date of Application: \_\_\_\_\_ CERT NO: \_\_\_\_\_

Fee: \$25.00 Plus Smoke Fee Fee Paid: \_\_\_\_\_

Cash or Check # \_\_\_\_\_

**BOROUGH OF KEYPORT – Code Enforcement Office**  
70 West Front Street, Keyport, NJ 07735  
732-739-5135

**Application for Housing and Building Code  
Certificate of Occupancy**

The undersigned, hereby applies for a Housing Code Certificate of Occupancy and represents that the information supplied herein is true, knowing that is relied upon in the granting of this Certificate of Occupancy.

**Owners Information**

Name of Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Owners Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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Location of Premises being rented: \_\_\_\_\_

Apt # \_\_\_\_\_ Floor # \_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Zone: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

**Tenant Information**

Name of Legal Tenant \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupants: List all occupants by name below, all persons 12 years or over are to be listed as adults)

\_\_\_\_\_  
\_\_\_\_\_

Adults: Female \_\_\_\_\_ Male \_\_\_\_\_ Children: Female \_\_\_\_\_ Male \_\_\_\_\_

APPLICATION SIGNED BY: \_\_\_\_\_

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Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Borough of Keyport – Code Enforcement Office  
70 West Front Street, Keyport, NJ 07735  
732-739-5135

HEATING SYSTEM & HOT WATER HEATER CERTIFICATION

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

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

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

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

Company certifying Heating & Hot water heater:  
\_\_\_\_\_

Address of Company: \_\_\_\_\_

Telephone # \_\_\_\_\_

THIS IS TO CERTIFY THAT A QUALIFIED TECHNICIAN FOR THE ABOVE NAMED COMPANY HAS INSPECTED THE HEATING SYSTEM AND HOT WATER HEATER AT THE ABOVE CAPTIONED ADDRESS.

The above system has \_\_\_\_\_ Passed \_\_\_\_\_ Failed

\_\_\_\_\_ Tested existing heating unit under operating conditions for work, defective and missing parts; including all lines, ducts, thermostats, fuel tank, convectors, radiators, valves, grilles, gauges, registers, fittings, dampers and flues. Check flue for gas leaks (carbon monoxide and sulfur dioxide). Flue meets code and clearance requirements for this type of heating unit and hot water heater. The system is capable of providing at least 65 degree inside temperature when outside is zero degree.

\_\_\_\_\_ Check here if the above system was not in good and safe operating condition at the time of inspection and itemize below all parts and/or replacements which would be necessary to put in good and safe operating condition, including any repairs to the system.

Make: \_\_\_\_\_ Model # \_\_\_\_\_

Serial # \_\_\_\_\_

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

This form is to be included with all Certificate of Occupancy, Certificate of Occupancy/Title of Transfer, Certificate of Occupancy/Business Change & Certificate of Occupancy/Business Change/Title of Transfer.

BOROUGH OF KEYPORT  
FIRE PREVENTION BUREAU  
70 W. Front Street, Keyport, NJ 07735

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE  
ALARM & FIRE EXTINGUISHER COMPLIANCE

Address of Inspection: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Current Owner:** \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Buyer's** name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Renter's** Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Agents Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_ Phone \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$35.00 – if received more than 10 business days prior to change of occupant;  
\$70.00 – if received four to ten business days prior to change of occupant;  
\$125.00 – if received fewer than four business days prior to change of occupant.

Note: Homes constructed after January 1, 1997 provided with AC powered and or interconnected detectors shall be maintained in working order.

On each level of the dwelling, including basements; and Outside each separate sleeping area, within ten feet, and all smoke detectors, have fresh batteries and are in working order;

**A Carbon Monoxide Alarm must be installed within 10 feet of all sleeping areas.**

A minimum of a **5 lb ABC Fire Extinguisher** shall be installed in the kitchen and shall be installed in a visible and readily accessible location, free from being blocked. Fire extinguisher shall be mounted using brackets and hangers supplied by manufacturer.

Note: All smoke detectors over 10 years old shall be replaced with new.

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For office use only:

Fee Paid: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ File no. \_\_\_\_\_

This form must be included and filled out for all & any type Certificate of Occupancy