

Date of Application: _____ CERT NO: _____

Fee: \$60.00 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 & Transfer of Title

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

Owners Information

Name of Owner _____ Phone # _____

Owners Address _____ City _____

State _____ Zip _____

Location of Premises being sold: _____

Block No. _____ Lot No. _____ Zone: _____

Number of Bedrooms: _____

Buyer Information

Name of Buyer _____ Phone # _____

Current 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: _____

Inspection Date: _____ Inspector: _____

Borough of Keyport – Code Enforcement Office
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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.

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