



CERTIFICATE OF OCCUPANCY RESIDENTIAL RENTAL

Date of Application: _____ CERT NO: _____

Fee: 10 + Business Days \$75.00 + Smoke fee Fee Paid: _____
4-10 Business Days \$155.00 + Smoke fee
Less than 4 Business Days \$210.00 + Smoke fee Cash or Check # _____

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: _____ email: _____

City: _____ State: _____ Zip: _____

Location of Premises being rented: _____

Apt # _____ Floor # _____

Block No. _____ Lot No. _____ Zone: _____

Number of Bedrooms: _____ Date of Occupancy: _____

TENANT INFORMATION

Name of Tenant: _____ Phone: _____

Previous Address _____ City/State/Zip _____

Occupants: List all occupants by name, 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 - CONSTRUCTION - CODE ENFORCEMENT OFFICE
70 West Front Street, Keyport, NJ 07735
Ph: 732-739-5135 Fax: 732-739-3479



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

Date: _____ **Block:** _____ **Lot:** _____

Fee: \$ 35.00 - if received over ten (10) business days prior to change of occupant.
\$ 70.00 - if received four (4) to ten (10) business days prior to change of occupant
\$125.00 – If received less than four (4) business days prior to change of occupant.

Address of Inspection: _____

Current Owner: _____

Phone: _____ **email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Renter's Name (if applicable): _____ **Phone:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Agents Name/Address: _____

Firm Name/Address: _____ **Phone:** _____

Applicants Signature: _____ **Date:** _____

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 #:** _____

KEYPORT FIRE PREVENTION BUREAU
70 West Front Street, Keyport, NJ 07735
Ph: 732-739-5130 Fax: 732-739-3479