

**TOWNSHIP OF TOMS RIVER
HOUSING & PROPERTY MAINTENANCE
33 WASHINGTON STREET
PO BOX 728, TOMS RIVER, NJ 08754
732-341-1000 EXT. 8440 / FAX 732-286-3814**

CERTIFICATE OF OCCUPANCY AND RENTAL REGISTRATION

A courtesy list of guidelines is available to better assist you for your inspection

Inspection Fee: \$150 per unit **Re-inspection fee-** if unit fails- \$50 **Amended Registration Fee-** \$50

A non-refundable fee of \$150 for rental of each unit must be paid in Cash, Check, or Money Order payable to the Township of Toms River submitted to the Housing & Property Maintenance Department.

- When selecting an appointment a minimum of 5 days' Notice is required for inspection appointments.
 - Between the months of May 1st through July 15th minimum of 10 days' notice is required.
- Ordinance #4563-17, Chapter 335-2(H)

A rental Certificate of Occupancy is not an approval for any zoning, fire, or building code requirements, and you must check with those township departments to determine if additional approvals are necessary.

Non-Seasonal Rentals: Rental C/O's are valid for a 3 year period, effective January 1st the calendar year issued and expiring on December 31st of the third year following unless there is a change in occupancy or ownership during the three year term, in which case the premises must be re-inspected & receive a new Rental C/O.

Seasonal/Short Term Rentals (Barrier Island Only): Rental C/O's are valid for a one year period, effective January 1st through December 31st of the calendar year issued, unless there is a change in ownership during the one year period in which case the premises must be re-inspected & receive a new Rental C/O. Any attempts to rent outside this time frame will be considered a violation and can result in the Rental Certificate being revoked.

Please check the appropriate items, which apply to your rental:

WATER SUPPLY: CITY OR WELL ****see note**

TYPE OF RENTAL: SEASONAL OR YEAR ROUND

IS THE UNIT: FURNISHED OR UNFURNISHED

****NOTE:** If well water, Ocean County Health Department Water Analysis Certification is required with application.

RENTAL PROPERTY ADDRESS: _____

NAME OF CONDOMINIMUM: _____

BLOCK: _____ **LOT:** _____ **QUAL:** _____ **BLDG.** _____ **APT:** _____

OWNERS NAME: _____ **PHONE #:** _____

OWNERS ADDRESS: _____

TOWN: _____ **STATE/ZIP:** _____

OWNERS EMAIL: _____

RENTAL AGENT: _____

AGENTS ADDRESS: _____ **PHONE#:** _____

DESIGNATED OCEAN COUNTY AUTHORIZED REPRESENTATIVE: (*Must be filled out if owner doesn't reside in Ocean County*)

NAME: _____ **PHONE #** _____

ADDRESS: _____ **TOWN** _____ **ZIP** _____

DATE TO BE INSPECTED (Weekdays Only): _____

Mainland Inspection windows: Please select. 10-12 OR 2-4. **Barrier Island Inspection window:** 10-1.

PLEASE CHECK WHO WILL BE AT INSPECTION: OWNER OR AGENT

OWNER OR REPRESENTATIVE MUST BE PRESENT AT THE TIME OF INSPECTION.

LAST C.O. #: _____ YEAR ISSUED: _____

Rental Registration # (if one has been assigned to you): RR- _____

NAME OF TENANT(S): _____

BOCA NATIONAL PROPERTY MAINTENANCE CODE DETERMINES IF REQUESTED OCCUPANCY LOAD IS ACCEPTABLE.

335-14 OCCUPANCY LIMITS (Ordinance #335-14- Occupancy Limits)

Rental units registered and certified for occupancy pursuant to this article are subject to the maximum occupancy limits set forth in this subsection, which may be adjusted downward based on acceptable means of egress. The occupancy limit as computed pursuant to this subsection shall be documented on the Certificate of Occupancy.

A. Every room occupied for sleeping purposes by one occupant shall contain at least 70 sq feet of floor area with dimensions of 7 lineal feet, and every room occupied for sleeping purposes by more than one person shall contain at least 50 square feet of floor area for each occupant thereafter.

- | | |
|----------------|-----------------|
| 1. Size: _____ | Location: _____ |
| 2. Size: _____ | Location: _____ |
| 3. Size: _____ | Location: _____ |
| 4. Size: _____ | Location: _____ |
| 5. Size: _____ | Location: _____ |

REQUESTED # OF OCCUPANTS: _____ # OF SLEEPING BEDROOMS: _____

PLEASE READ THE FOLLOWING STATEMENTS:

- Proof of insurance must be attached to the application.
- Copy of an invoice by a licensed professional showing the furnace was cleaned/inspected in the past 12 months must be attached to the application.
- Fireplace/Chimney Certification if applicable must be attached to the application
- All utilities (Gas, Electric, & Water) must be on, including appliances & circuit breakers prior to the inspection or a \$50 re-inspection fee will be charged.
- Rental Registration must be renewed every three years for year round rentals and every year for seasonal rentals.
- The rental registration that is assigned to the property must be used in all advertisements. Advertising without a rental registration number will result in a violation being issued.
- **THIS FORM MUST BE COMPLETED IN FULL AND ALL REQUIRED DOCUMENTS ATTACHED PRIOR TO THE INSPECTION FOR CERTIFICATE OF OCCUPANY. AFTER THE INSPECTION IS PERFORMED, ONLY THEN WILL A RENTAL CERTIFICATE OF OCCUPANCY BE ISSUED. IF THE RENTAL IS OCCUPIED WITHOUT A RENTAL CERTIFICATE OF OCCUPANCY, THE PROPERTY OWNER WILL BE IN DIRECT VIOLATION OF ORDINANCE 4563-17 AND A SUMMONS WILL BE ISSUED.**

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

Landlord/Agent	Date
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OFFICIAL USE:

DATE RECEIVED: _____ PAYMENT TYPE: _____ CO# _____

WALKIN: _____ MAIL IN: _____