

# Rental Information

C/O Inspections will be conducted between  
8:30 – 2:30

All Property Taxes & Property Liens must be paid/satisfied  
prior to issuance of Rental CO

All Water/Sewer Taxes and Liens must be paid/satisfied  
prior to issuance of Rental CO

All Open Permits **MUST** be Finalized before a  
C/O Can be issued!

A Minimum of One Business Day is required  
to process C/O after ALL paperwork is turned  
in.

**\*\*Township Ordinance 63b-6** requires owner  
to make all repairs  
10 days from correction notice date.



# Barnegat Township

## Construction Office

900 West Bay Avenue, Barnegat, New Jersey  
08005

Tel 609.698.0080 Fax 609.698.7446

[www.barnegat.net](http://www.barnegat.net)

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## Rental CO's

Rental's will be given a TCO  
During this State of Emergency.  
When State of Emergency is  
lifted, Inspections **NEED** to be  
done within 5 days if it is not  
done the TCO will be revoked  
and subject to penalties

Thank you for your  
cooperation,  
Code Enforcement



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## RENTAL EXISTING STRUCTURE CERTIFICATE OF OCCUPANCY

CERT.# \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ APPL.DATE \_\_\_\_\_

FEE \$50.00 PAID BY CASH \_\_\_\_\_ CHECK \_\_\_\_\_

-----Office Use Above Only-----

PLEASE COMPLETE THE FOLLOWING:

OWNER(S) NAME: \_\_\_\_\_ BLOCK \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ LOT \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENT INFORMATION (IF APPLICABLE)

AGENT'S NAME: \_\_\_\_\_

AGENT'S COMPANY: \_\_\_\_\_

AGENT'S CO. ADDRESS: \_\_\_\_\_

AGENT'S TELEPHONE #: \_\_\_\_\_ FAX# \_\_\_\_\_

THIS CERTIFICATE EVIDENCES THAT, WITH THE SPECIFIC EXCEPTION OF ITEMS BELOW, A GENERAL INSPECTION OF THE VISIBLE PARTS OF THE BUILDING HAS BEEN MADE AND NO IMMINENT HAZARD CONDITIONS EXIST WHICH WOULD PROCLUDE THE CONTINUED LEGAL USE OF THIS STRUCTURE.

This also certifies that the smoke detectors and the carbon monoxide detectors were working at the time of inspection.

**FEES PAID:**

Water \_\_\_\_\_  
Sewer \_\_\_\_\_  
Well \_\_\_\_\_  
Septic \_\_\_\_\_

NJAC52:27D198.2 Smoke Alarm Compliance \_\_\_\_\_  
NJAC1:30-4.3 Carbon Monoxide Compliance \_\_\_\_\_  
NJAC52:27D-198.1 Fire Extinguisher Comp. \_\_\_\_\_

\_\_\_\_\_  
CODE ENFORCEMENT OFFICIAL



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### Rental CO's

Rental CO's will be given a TCO during this State of Emergency. When the State of Emergency is lifted, inspections will NEED to be performed within 5 days. If the inspections are not completed the TCO will be revoked and you will be subject to penalties.

The HOMEOWNER must also certify below:

I, \_\_\_\_\_ certify that the fire extinguishers and the carbon monoxide alarms and smoke detectors are in working condition and are placed in the appropriate areas for this home located at

\_\_\_\_\_.

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Homeowner's Signature

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Date

## BARNEGAT TOWNSHIP

### Application Requirements for Rental Certificates

**ALL WATER AND SEWER FEES MUST BE PAID PRIOR TO ISSUING CO**

**ALL OPEN PERMITS MUST BE CLOSED OUT BEFORE A CO WILL BE ISSUED**

**APPLICATION:** Complete and submit your application with a \$50.00 fee.

**PAYMENTS:** Thirty five (~~450~~125.00) application fee. Re-inspections require a (\$125.00) fee.

**CORRECTION NOTICES:** Township Ordinance 63b-6 requires owner to make all repairs 10 days from correction notice date.

**SCHEDULE INSPECTION: USE CHECKLIST BELOW TO PREPARE.**

**ACCESS:** Vacant with a lockbox or someone over the age of 18 years old must be at the house during the inspection (no personal belongings in home if vacant).

**NO UNATTENDED PETS DURING THE INSPECTION**

**CERTIFICATIONS/FORMS THAT MUST BE SUBMITTED TO RECEIVE A CERTIFICATE:**

1. **Mechanical Certification**
2. **Truth in Renting Form/Landlords Statement (Filed with the Municipal Clerk)**
3. **If Applicable: Wells must be tested and written approval obtained by the Ocean County Health Department. Call 1-732-341-9700 x 2 for more details. A Well Certification expires after six months.**

Having the property ready for inspection is an important step. Please call (609) 698-0080 x159 prior to the inspection if you have any questions. This is a visual inspection and therefore not in depth. We do not go into attics without permanent stairs or crawlspaces. A complete inspection of the property can be obtained from a registered home inspection agency.

**Please note that this list is NOT all inclusive. There may be situations at the property that will prevent an "Approved" rating. All items noted deficient must be correct prior to the issuance of the CO.**

#### Pre-Inspection Checklist

1. **House Numbers** must be affixed to the structure. 4" numbers for residential, 6" numbers for commercial.
2. **Entry Door Deadbolts** may not be keyed on the interior.
3. **Smoke Detectors** are required on each floor and within 10' of the bedrooms. If an interconnected system, all must be hardwired.
4. **Carbon Monoxide Detectors** are required outside of sleeping areas and within 10' of all bedrooms.
5. **Fire Extinguisher** is required within 10' of the kitchen. Type A-B-C 2.5 to 10lbs
6. **Anti Tip Devices** are required on all kitchen ranges.
7. **Safety Relief Valves** on water heaters and boilers are required to be piped downward approximately 6" to the floor (not through the floor). With no reducers and no threads on the bottom (No plastic unless approved by plumbing code).
8. **Dryer Exhaust** must be metallic flex or rigid pipe and have proper termination outside of house.
9. **Water Faucets** must have cold on the right and hot on the left.
10. **Plumbing** must be in satisfactory condition. Bath fans (if no window) must be operational.
11. **Electrical** switches, outlets, junction boxes and breaker panels must have covers. No open spaces in breaker panels, extension cords are not permitted as permanent wiring, electrical service equipment such as cable and or service mast, meter socket and breaker panel must be in satisfactory condition. Light covers must be present on all exterior fixtures and interior closets.
12. **General Condition of Lot & Structure** must not have broken windows, missing siding, or debris inside or out. No uncut grass or weeds. Chimneys and furnaces must be properly capped and vented. No holes in the walls, floors or doors. Handrails and guardrails are required on all open sides of decks and stairways 30" or more above grade. Bulkheads must be maintained. All rentals must have screens

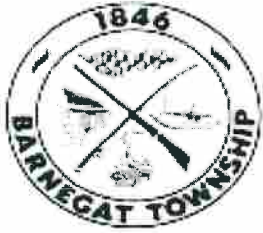
in place and the general condition of the property should be maintained so as not to create an unsanitary condition.

## **REQUIREMENTS FOR FIRE EXTINGUISHERS IN ONE AND TWO FAMILY DWELLINGS**

The Legislature amended and enacted P.L. 1991, c.92 (C.52:27D-198.1), requiring that all one and two family dwellings at a change of occupancy be provided with a portable fire extinguisher, in addition to the requirements for smoke and carbon monoxide detectors. This provision does not apply to seasonal rental units. This act was signed into law on April 14, 2005 with an effective date of November 1, 2005.

The requirements for the type and placement of the extinguishers are as follows:

- 1) At least one portable fire extinguisher shall be installed in all one and two family dwellings upon change of occupancy.
- 2) The extinguisher shall be listed, labeled, charged and operable.
- 3) Must be an “ABC” Type – No Larger than 10 lbs.; Must be mounted within 10 ft. of the Kitchen Area.
- 4) The hangars or brackets supplied by the manufacturer must be used.
- 5) The top of the extinguisher must not be more than 5 feet above the floor.
- 6) The extinguisher must be visible and in a readily accessible location, free from being blocked by furniture, storage, or other items.
- 7) The extinguisher must be near a room exit or travel path that provides an escape route to the exterior.
- 8) The extinguisher must be accompanied by an owner’s manual or written information regarding the operation, inspection, and maintenance of the extinguisher, and
- 9) Lastly, the extinguisher must be installed with the operating instructions clearly visible.



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## Mechanical Certification

All properties rented in Barnegat Township shall be inspected and certified before a Rental Certificate of Occupancy will be issued.

A certification of the Heating system, Hot water, Plumbing and Electrical systems must be received prior to issuance of the Rental C of O

Certification may be made by the owner, licensed contractor or home inspector.

Please complete below:

I, (print) \_\_\_\_\_, certify that the heating, hot water,

Plumbing and Electrical systems located at \_\_\_\_\_

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

are in satisfactory and working condition. Date of certification \_\_\_\_\_

### Certifier information

Name \_\_\_\_\_

Address \_\_\_\_\_

License # \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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Notary Signature



# TOWNSHIP OF BARNEGAT

COUNTY OF OCEAN

Clerks Office  
Construction Office  
Property Owner

900 WEST BAY AVENUE  
BARNEGAT, NEW JERSEY 08005-1298  
Email: [clerk@barnegat.net](mailto:clerk@barnegat.net)



MUNICIPAL OFFICES: (609) 698-0080  
FAX: (609) 698-7980  
Visit Our Website: [www.barnegat.net](http://www.barnegat.net)

## TRUTH IN RENTING – LANDLORD TENANT STATEMENT

STATEMENT REQUIRED BY P.L. 1974 – CHAPTER 50

\*\*\*\*\*PLEASE TYPE OR PRINT CLEARLY\*\*\*\*\*

***All questions A-G must be filled out completely and Property Owner must sign***

**A: RENTAL PROPERTY:**

TENANT NAME: \_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ (must be filled in)

**B: PROPERTY OWNER OF RECORD:**

PERSONAL NAME: \_\_\_\_\_

CORPORATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(No Post Office Boxes)

PHONE #: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

**C: PERSON AUTHORIZED TO ACCEPT SERVICE OF PROPERTY:**

(PERSON TO RECEIVE LEGAL NOTICES-)

(MUST BE OCEAN COUNTY RESIDENT)

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(No Post Office Boxes)

(OVER)



**D: WHAT TYPE OF HEATING IS USED FOR RENTAL PROPERTY**

**ELECTRIC:** \_\_\_\_\_ **GAS:** \_\_\_\_\_ **OIL:** \_\_\_\_\_

**IF OIL-LIST OIL PROVIDER NAME:** \_\_\_\_\_

**E: PERSON RESPONSIBLE FOR REGULAR MAINTENANCE:**

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(No Post Office Boxes)

**F: MANAGING AGENT – IN CASE OF EMERGENCY:**

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(No Post Office Boxes)

**G: MORTGAGE COMPANY NAME & ADDRESS: (If NO Mortgage, write None)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**I, MICHELE A RIVERS, MUNICIPAL CLERK OF THE TOWNSHIP OF BARNEGAT, COUNTY OF OCEAN, STATE OF NEW JERSEY, ACKNOWLEDGE RECEIPT OF THIS LANDLORD TENANT STATEMENT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.**

\_\_\_\_\_  
**MICHELE A. RIVERS, RMC  
MUNICIPAL CLERK**