

# Rental Information

C/O Inspections (for Exterior and Lot Structure Only) will be conducted between 8:30 – 2:30

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**

## **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 \$100.00 fee.

**PAYMENTS:** One hundred (\$100.00) application fee. Re-inspection fee \$200.00

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

**ACCESS:** Fences **MAY NOT** be locked, so we can conduct an exterior and lot structure inspection

**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.**
- 4. Rental Certification/Fire Certification**

Having the exterior of the property ready for inspection is an important step. Please call (609) 698-0080 x114, x150 or 153 prior to the inspection if you have any questions. This is a visual inspection and therefore not in depth.

**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
- 2. *Exterior Inspection ONLY*** – General Condition of Lot and Structure: must **NOT** have any broken windows, missing siding or debris. No uncut grass or weeds. Chimneys and furnaces must be capped and vented. 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.

**WHERE TO LOCATE ALARMS:** Alarms are to be located on every level of a residence (basement, 1<sup>st</sup> Floor, 2<sup>nd</sup> Floor) excluding crawl spaces and unfinished attics and in every separate sleeping area between sleep areas and living areas such as the kitchen, garage, basement and utility room. In homes with only one sleeping area on one floor, an alarm is to be placed in the hallway outside each sleeping area as shown in Figure 1. In single floor homes with two separate sleeping areas, two alarms are required, outside each sleeping area as shown in Figure 2. In multi-level homes, alarms are to be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level alarms are to be located in close proximity to the bottom of the basement stairwells as shown in Figure 4.

**CARBON MONOXIDE ALARMS:** Alarms are to be located in every separate sleeping area per NFPA 720 and manufacturers recommendations.

### **WHERE TO LOCATE FIRE EXTINGUISHERS:**

Within 10 Feet of the kitchen and located in the exit or travel path; and is visible and in a readily accessible location. The top of the fire extinguisher is not more than 5 feet above the floor and is mounted using manufacturer's hanger or brackets. The extinguisher is listed, labeled, charged and operable. The extinguisher must have been serviced and tagged by a contractor certified by the New Jersey Division of Fire Safety within the past 12 months or seller must provide a recent proof of purchase receipt.

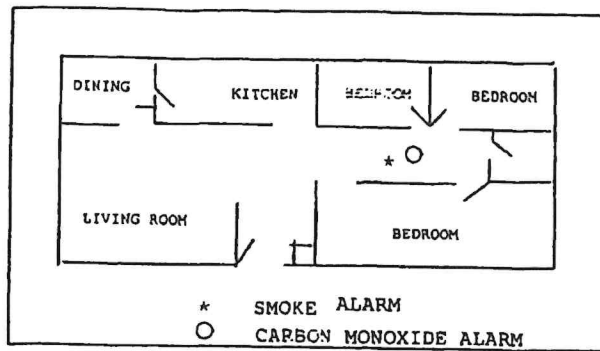


Figure 1

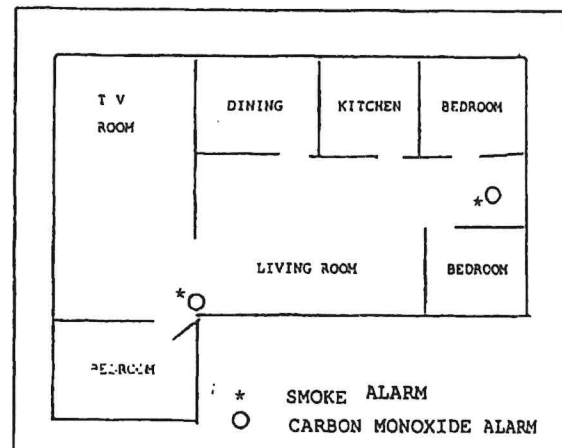


Figure 2

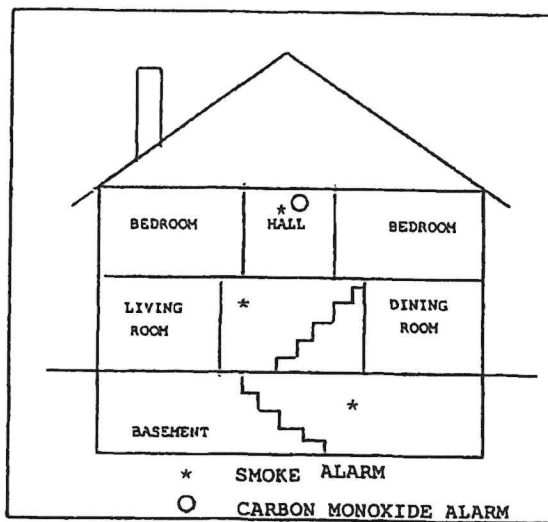


Figure 3

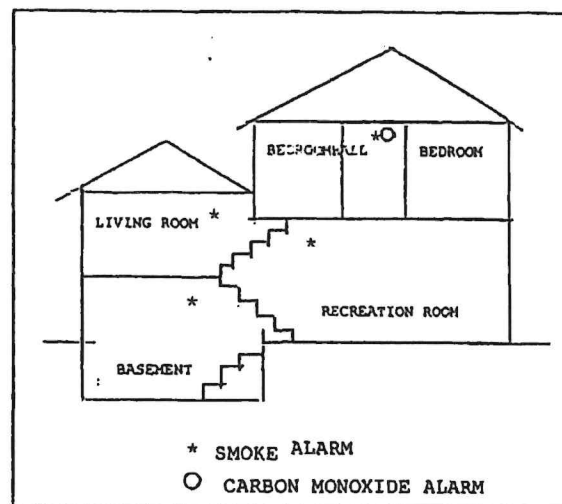


Figure 4

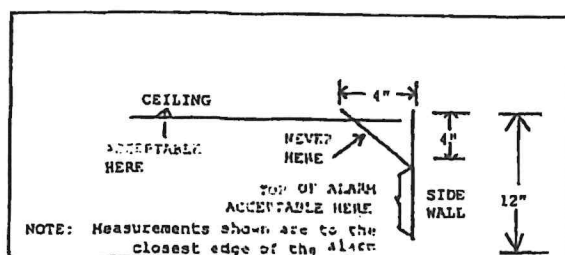


Figure 5

CERTIFICATION IN LIEU OF INTERIOR  
INSPECTION FOR RENTAL PROPERTY CERTIFICATION

This certification applies solely to the interior of the dwelling. Barnegat Township will conduct an inspection to ensure that the exterior of the house, the property, all accessory buildings, structures, shed, fence, pool, hot tubs, decks, etc. are maintained in a clean, safe and satisfactory condition and in a manner that complies with all the applicable Barnegat Township Ordinances and provisions of the New Jersey Uniform Construction Code.

Dwelling Location:                      Block \_\_\_\_\_                      Lot \_\_\_\_\_  
(Not mailing address) Street \_\_\_\_\_  
   Municipality \_\_\_\_\_                      County \_\_\_\_\_

\*Note: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID

- ( ) An inspection of the premises has been conducted by the owner or an authorized representative of the owner.
- ( ) The interior is clean, safe, and free from any and all hazards and debris. All windows, doors or screens are operational, fit properly and have no holes.
- ( ) Any and all holes have been repaired and painted and are in an overall satisfactory condition.
- ( ) Any leaking pipes have been repaired.
- ( ) All electrical service equipment, such as cable, meter socket, panel and service mast, and all interior light fixtures are properly supported and secured. There are no exposed connections, missing outlets, switch plates, junction boxes and/or wiring that is not terminated in the proper junction box. There are no extension cords, nor will they be used or substituted for permanent wiring.
- ( ) Entry door deadbolts, if any are not keyed on the interior.
- ( ) Anti-tip devices are installed on kitchen range.
- ( ) Safety relief valves on water heaters and boilers are piped downward approximately 6" to the floor (not through the floor) with no reducers or threads on the bottom.
- ( ) Cold water is on the right side and hot water on the left side of all faucets and valves.
- ( ) All dryer exhaust vents are metallic flexible or rigid pipe, not thin foil or plastic.
- ( ) Exhaust fans in any bathrooms without a window are in functioning properly.
- ( ) All stairways are secure and, if applicable, have handrails and guardrails.
- ( ) I certify that there is no deteriorated paint, debris, dust or residue as per NJ Lead Safe Certificate Law P.L.2021,C.182
- ( ) I have provided Township with the Lead Safe Certificate for homes constructed prior to 1978 Ordinance 2023-4.

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

**APPLICATION AND CERTIFICATION IN LIEU OF INSPECTION FOR CERTIFICATE OF  
SMOKE ALARM, CARBON MONOXIDE ALARM AND PORTABLE FIRE  
EXTINGUISHER COMPLIANCE**

Dwelling Location:        Block \_\_\_\_\_ Lot \_\_\_\_\_

(Not mailing address)    Street \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

**\*NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID**

( ) Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl space; and

( ) Smoke alarm and carbon monoxide alarm outside each separate sleeping area; within 10 feet of the bedrooms.

( ) All smoke alarms are in working order

( ) Carbon monoxide alarm(s) in working order

( ) Fire extinguisher is the correct size, is properly mounted and is located within 10 feet of the kitchen.

**An inspection shall be conducted by the owner or authorized representative of the owner. The smoke alarms required above shall be located in accordance with NIFPA 74; the carbon monoxide alarm(s) installed as per NFPA 720.**

**I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I will be subject to penalty.**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature



# Barnegat Township

900 West Bay Avenue, Barnegat, New Jersey 08005

Tel 609.698.0080 Fax 609.698.7446

www.barnegat.net

## RENTAL EXISTING STRUCTURE CERTIFICATE OF OCCUPANCY

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

FEE \$100.00

PAID BY CASH \_\_\_\_\_ CHECK \_\_\_\_\_

REINSPECTION FEE \$200.00

-----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: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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.

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



# Barnegat Township

900 West Bay Avenue, Barnegat, New Jersey

08005

Tel 609.698.0080 Fax 609.698.7446

www.barnegat.net

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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\_\_

\_\_\_\_\_  
Notary Signature



# BARNEGAT

## TOWNSHIP

Clerk's Office \_\_\_\_\_  
Construction Office \_\_\_\_\_  
Property Owner \_\_\_\_\_  
(Completed by Office Personnel)

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

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

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

EMAIL: \_\_\_\_\_

### 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)

**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 PROPERTY OWNER:** \_\_\_\_\_

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

**I, DONNA M. MANNO, MUNICIPAL CLERK OF THE TOWNSHIP OF BARNEGAT, COUNTY OF OCEAN,  
STATE OF NEW JERSEY, ACKNOWLEDGE RECEIPT OF THIS LANDLORD TENANT STATEMENT THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.**

**: \_\_\_\_\_  
DONNA M. MANNO, RMC  
MUNICIPAL CLERK**