## **Residential Certificate of Inspection Application**

**Code Enforcement** 25 Neptune Blvd. Neptune, NJ 07753 (732) 988-5200 EXT. 261 HKepler@Neptunetownship.org



Summer Rental Dates					
Start Date					
End Date					

Where Community, Business & Tourism Prosper

		TYPE OF S	TRUCTURE			
	<b>Check One:</b> □ <b>Single</b>	Family □Two	Family □Mul	tiple Dwelli	${f ng}$ (3 or more dwelling units	
	Check One: ☐ Sale	$\square$ Rental $\square$ C	lear 🗆 Summ	er Rental	☐ Summer Update	
	Bloc	ck:	Lot:			
	PROPERTY ADDRESS:			UN	IT #	
(1)	PRESENT OWNER OF PRO	PERTY:				
	ADDRESS:(POST OFFICE BOX ADDRESS IS NOT ACCEPTABLE)					
	CITY:		STATE:	ZIP:_		
	PHONE:	OWNER	EMAIL:		<del></del>	
(2)	NAME OF BUYER OR REN	ITER:				
	CURRENT ADDRESS OF B	UYER OR TENANT: _				
	CITY:		STATE:	ZIP:_		
	PHONE:	EMAIL: _				
(3)	AGENT NAME:		AGENCY:			
	PHONE:	EMAIL:				
<u>N</u>	MULTIPLE DWELLINGS (3 or 1 OWNER OR AGENT THAT I	-				
	NAME:ADDRESS:					
	PHONE:					
		ES OF ALL OCCUP				
		01 1111 0 0 0 0 1			<del></del>	

## CERTIFICATION IN LIEU OF OATH AND ACKNOWLEDGEMENT

I hereby certify that I am the owner of record or agent authorized by the owner of record to make this application for a Certificate of Inspection. I further certify that the property is in compliance with all applicable laws, regulations and rules. Smoke detectors and carbon monoxide alarms are installed as required and in good working order. I further certify the New Jersey State Multiple Dwelling Registration Number 1334 - \_\_\_\_\_ (required for structures with three or more dwelling units) is valid. I understand and have made the owner aware that occupancy of any structure prior to obtaining a Certificate of Inspection is in violation of the ordinances of the Township of Neptune and punishable by a fine of up to \$1,250.00. I further understand and have made the owner aware that a Mercantile Registration is required for all rental properties and that the Registration is required to be renewed on an annual basis. A copy of a valid Mercantile Registration is included with this application. I further understand that an open construction permit may prevent the issuance of a Certificate of Inspection. I further understand that application fees are nonrefundable. I agree to be on the premises at least 15 minutes prior to the scheduled inspection time. I understand that if any of the information on this application is willfully false, I am subject to punishment. Number of Dwelling Units in the Building: \_\_\_\_\_ Number of Commercial Units in the Building: Number of Bedrooms in the Unit to be inspected: \_\_\_\_\_ PRINT NAME OF APPLICANT: \_\_\_\_\_ SIGNATURE OF APPLICANT: SIGNATURE OF BUYER OR TENANT: \_\_\_\_\_ DRIVER'S LICENSE # OF BUYER OR TENANT: **DATE:** \_\_\_\_\_