



Certificate Of Occupancy Application

Cover Sheet

171 Bay Avenue
Highlands, NJ 07732
County of Monmouth
Phone (732)872-1224 ext 215
Fax (732)872-0670

Please complete the enclosed application and PRINT clearly.

Return the application to: Attn: Code Enforcement
Borough of Highlands Building & Housing Dept.
171 Bay Avenue Highlands, NJ 07732
Phone#732-872-1224 Ext 215
Fax #732-872-0670

Code Enforcement Hours:

Tuesdays & Wednesdays 4:30 – 8:00 p.m.
Thursdays 4:30 – 8:00 p.m.

Please Note the following information:

- Certificate of Occupancy Inspections are performed on Tuesday & Wednesdays evenings between 4:15 pm & 7:30 pm by appointment only.
- Someone must be present during inspections to allow access for the Inspectors. We do not accept keys to the property.
- Upon receipt of a completed and signed application along with the fee, an appointment can be scheduled.
- ***YOU MUST SUBMIT A FLOOR PLAN FOR EACH DWELLING.***
- The floor plan shall depict the number, dimensions and location of each room in the unit identifying each room, including both its designed and actual use. No space shall be used for sleeping purposes which has not been so designated as a sleeping area on the sketch provided by the owner and approved by the Housing Official.
- ****RENTAL ONLY**** You must be Licensed Landlord in order to receive a Certificate of Occupancy.
- ***UTILITIES MUST BE TURNED ON DURING INSPECTION***

Fee Schedule:

Certificate of Occupancy Fee	\$ 50.00
Fire Inspection Fee	\$ 35.00
Re-inspection Fee C/O	\$ 25.00
Re-inspection of a re-inspection of violations	\$ 75.00
No Show at Requested Inspection, re-inspection Fee (15 minute wait)	\$ 80.00
No Show Re-Inspection fee (15 minute wait)	\$100.00
TCO	\$ 75.00
Replacement of Lost Inspection Certificate by Applicant	\$ 10.00
Pre-inspection Fee	\$ 10.00

Please do not combine fee payments. Separate checks or cash amounts must be submitted for each fee.



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Fee: C/O \$50.00
Fire \$35.00
TOTAL FEE \$85.00

Certificate # _____

Property Information

Sale Block # _____ Lot # _____
 Rental Street _____
 Refinance Number of Units _____
 Pre-Inspection
Total # of Adults _____ Total # of Children _____ # of Bedrooms _____

Seller / Landlord Information

Name _____ Phone # _____
Street _____ City _____ State _____ Zip _____

Buyer / Tenant Information

Name _____ Phone # _____
Street _____ City _____ State _____ Zip _____

Complete the following Information for all occupants including children:

<u>NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>
#1: _____	_____	_____	_____
#2: _____	_____	_____	_____
#3: _____	_____	_____	_____
#4: _____	_____	_____	_____
#5: _____	_____	_____	_____
#6: _____	_____	_____	_____

=====

ALL INFORMATION MUST BE FULLY COMPLETED



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OWNERS CERTIFICATION

I, as the landlord/owner of the subject property, agree to keep all areas of the property that are under my control, in a reasonably safe and sanitary condition so as to not endanger the lives or well being of my tenants or other residents of the Borough of Highlands.

I understand occupancy of this unit before an inspection has been performed and completed is illegal and a violation of borough ordinances and as such, is punishable by municipal summonses. I understand illegal and unsafe living conditions are not acceptable to the borough and I am responsible for such conditions created directly by myself.

I hereby certify that the information provided is true to the best of my knowledge and I know that if the information provided is willfully wrong that I am subject to a fine.

Signature

Date

FOR USE - BUILDING DEPARTMENT SECRETARY

Amount Paid: _____ Cash _____ Check #: _____

Floor Plan Provided: _____ Licensed Landlord: _____
Yes No Yes No

Pick Up C/O: _____ Mail C/O: _____

FOR USE - CODE ENFORCEMENT OFFICER

Approved _____

Denied Signature _____ Date _____

VIOLATIONS

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |



Certificate of Continuing Occupancy

Borough of Highlands
ATTN: Building Department
171 Bay Avenue
Highlands, NJ 07732
Phone (732)872-1224 Ext.215 Fax (732)872-0670

This checklist is to be utilized by residents as a convenience and is to be the definition of codes.

The certificate of continued occupancy inspection regarding the conditions of structures and/or appurtenant systems are based solely on interpretive determinations pursuant to visual observations or where applicable, brief operation of subject equipment.

The certificate of continued occupancy inspection will include, but is not limited to the following areas:

EXTERIOR OF BUILDING

1. Condition of gutters, downspouts, & leaders.
2. Condition of the sidewalks, driveway, apron & handrails.
3. Condition of accessory structures i.e. Sheds, fences.
4. All windows & doors in habitable rooms must have screens in good condition
5. Condition of chimney & flashing.
6. Condition of sliding of structure (paint, brick, stucco finishing)
7. All exterior & interior stair which have four (4) or more risers or more than 30 inches above ground level must have handrails.
8. Grounds around buildings must be free of debris (garbage/rubbish)
9. Provide symbols for address on front of house or mailbox (min 3" high)

INTERIOR OF BUILDING

1. Every habitable space shall contain at least two (2) separate receptacles
2. Check for lighting fixtures in hallways, stairways, bathrooms, laundry rooms & furnace rooms.
3. All windows are to be operable.
4. Smoke detectors required on every story of the dwelling unit, including basement.
5. All broken or cracked windows must be replaced.
6. Check all plumbing fixtures for leaks.
7. Check electrical system. GFI (ground fault interrupter switches) are required in kitchen, bathroom(s) and laundry room.
8. Check for excess debris in attic, basement & throughout the house.
9. All interior surface must be in good, clean & sanitary condition
10. Gas stove & gas dryer must have shut-off valve behind each appliance
11. Hot water heater must have approved pressure relief valve & extension 8" from floor.
12. Dwelling must be in a clean & sanitary condition.
13. Check all plumbing fixtures for leaks.
14. Check for ventilation in bathrooms
15. Check stove, must be clean & in proper working condition.
16. Carbon Monoxide Detector within 10 (ten) feet of each bedroom in every dwelling with gas utility and/or attached garage.
17. An ABC Type Fire Extinguisher, no larger than 10 lbs. mounted in the kitchen area.

All utilities

Gas, water & electric must be operating for inspection

By issuance of the certificate of continued occupancy, neither the borough nor any of its officers or employees assumes any liability neither expressed nor implied in connection therewith.



Change of Title Request

Code Enforcement Department

171 Bay Avenue
07732
County of Monmouth
Phone (732)872-1224
Ext. 215
Fax (732)872-0670

Date: _____

Owner Information

Name _____

Street _____ City _____ State _____ Zip _____

Phone # _____

Property Information

Street _____ Block _____ Lot _____

Buyer Information

Name _____

Street _____ City _____ State _____ Zip _____

Phone # _____

I understand that the "change of title" means the property is being sold "as is" to the new buyer. I further understand that before any person moves into the building, a complete certificate of continuing Occupancy inspection must be performed and completed by the code enforcement officer.

Signature: _____ Date: _____

** Failure to follow these regulations will result in a summons and possible eviction.*

** There is an inspection checklist attached to the CO application.*