



**APPLICATION FOR ONE & TWO FAMILY
RESIDENTIAL RENTAL CERTIFICATE OF
SMOKE DETECTOR , CARBON MONOXIDE
ALARM & FIRE EXTINGUISHER COMPLIANCE
Municipal Ordinance 13-8**

Please complete separate form for each unit.

Address of Property _____

Block _____ **Lot** _____ **Floor** _____ **Year Built** _____

Owner _____

Address of Owner _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____ Email: _____

Emergency Contact: _____ **Phone (_____) _____**

Seasonal/ "Short-Term" Rental _____

Certificates for seasonal rental units will be issued for a period of twelve (12) months, regardless of the number or frequency of changes in tenancy. **Inspection is required every year.**

Yearly/ "Year-Round" Rental _____

Certificates for yearly rental units are valid until there is a change in tenancy/ occupancy. **Inspection is required prior to leasing to a new yearly tenant.**

Yearly Tenant Name: _____

Tenant Phone: (_____) _____ Email _____

DATE & TIME REQUESTED FOR

INSPECTION: _____

Availability: Monday through Friday from 9am to 3pm. **Request must be made at least 7 days in advance to avoid additional fees.**

Meet Owner _____ **Meet Agent** _____ **Meet Tenant** _____ **Lock Box/ Keypad** _____
Code _____

Instruction for Inspector: _____

Smoke/CO/Fire Extinguisher inspection fee is \$50

If you have any questions please call 609-399-6111 ext. 9727 OR Email: smokedetector@ocnj.us