

Applications are accepted from 8:30 am to 3:30 pm

FEE \$65.00

PLEASE WRITE LEGIBLY OR YOUR APPLICATION WILL NOT BE ACCEPTED

***Application must be submitted with a copy of signed lease.

Rental Unit must be ready for inspection by 9:00 am on the day of inspection or a failure notice will be issued.

Block _____ Lot _____ Rental Certificate of Occupancy Application
Township of Lakewood

Address to be inspected: _____ Unit: _____

Owner: _____ Address: _____ (No P.O. Boxes) City, State & Zip
(D.L. state, or county ID required)

Phone: () _____

Agent/Contact: _____ Address: _____ (No P.O. Boxes) City, State & Zip
(D.L. state, or county ID required)

Phone: () _____

Date Expected to Occupy: _____ Date of Inspection: _____ Number of Occupants: _____

New Tenant Name: _____ Number of Bedrooms: _____

Previous Rent: _____ New Rent: _____

Any Outstanding Permits? Yes No

Is there any Construction being done that requires a permit? Yes No

Landlord to Furnish:

Water: Yes No Gas: Yes No Electric: Yes No

Sewer/Septic Service: Yes No Well: Yes No Oil Tank on Premises: Yes No

* Certification of Landlord's Registration must be filed with the Township Clerk in compliance with N.J.S.A. 46:8-28. This information must be updated as necessary to keep all information current. This information must also be furnished to the tenant.

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND THAT THE CERTIFICATION OF THE RENT IS POSTED WITH THE TOWNSHIP CLERK PURSUANT TO R.C.O. 13A-16

SIGNATURE _____ PRINT _____
OWNER OR DESIGNATED AGENT

***Note: All items above must be completed or application will not be processed
FOR OFFICE USE ONLY

Application Received: _____ Fee Paid: _____

C.O.F. _____ Approved: _____

Inspector: _____

Failed: _____ Date of Inspection: _____

Re-inspection Fee Paid: _____ Amount: _____