



Block: _____ Lot: _____
Date: _____
Date Rec'd: _____

MARLBORO TOWNSHIP
1979 Township Drive
Marlboro, NJ 07746
(732) 536-0200, ext. 1809

Inspection Date: _____
Check #: _____
Check Amount \$: _____
CCO#: _____

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY (Non UCC)

Application is hereby made for inspection approval and issuance of a Certificate of Continued Occupancy (Non UCC) for the following structure as provided by Township Ordinance Chapter 278-2. **PLEASE COMPLETE THE ENTIRE APPLICATION – INCOMPLETE APPLICATIONS SHALL BE RETURNED**

Structure Address: _____

Name of Present Owner: _____ E-mail: _____

Owner's Present Address: _____

Owner's Future Address: _____

Phone Number: _____ Work/Cell Number: _____

Name of Buyer: _____ Tenant: _____

LLC Name: _____ Principal of LLC: _____

Buyer/Tenant/LLC Full Address: _____

Buyer/Tenant/LLC Phone Number: _____ E-mail: _____

Closing/Move-In Date (must be date on contract): _____

***Primary Contact (Individual (1) who will maintain contact with Township during application process):**

Name: _____ Phone: _____

Please Indicate The Following Usage:

City Water: _____ Sewer: _____ Well: _____ Septic: _____

All fees must be paid at time of application. Payment can be made by cash, check, charge, money order, or a certified check. Please make checks payable to "Marlboro Township" **ALL FEES ARE NON-REFUNDABLE. For your convenience our office accepts Visa, Master Card & Discover.**

RESIDENTIAL SALE OR RENTAL FEES:

Single Family Dwelling: \$125 Apartment (Not Condo): \$100 Reinspection: \$75 (Failed Inspections Only)

FIRE CERTIFICATE FEES:

\$45 – Received more than 10 days prior to occupancy change

\$90 – Received 4-10 days prior to occupancy change

\$161 – Received fewer than 4 days prior to occupancy change

*All single family dwellings (rented, leased, or sold) shall be required to apply for a Certificate of Smoke Alarm, Carbon Monoxide Alarm & Fire Extinguisher Compliance for a Single Family Dwelling as required by law. Failure to complete and submit application for CCO and CSA, CMA & FE Compliance is punishable by fine. Your signature below, also gives permission for photos of your property to be taken during the inspection. Issued certificate is not transferrable. **If the change of occupancy specified does not occur within 6 months a new application is required.***

HOMEOWNER SIGNATURE ONLY (SELLER)

NOTARY

PRINT NAME



Township of Marlboro
Community Development – Zoning Division
1979 Township Drive
Marlboro, New Jersey 07746
(732) 536-0200 ext. 1809

THE INFORMATION LISTED BELOW MUST BE SUBMITTED WITH YOUR CCO APPLICATION
NO LETTER OF AUTHORIZATION WILL BE ACCEPTED IN LIEU

THIS FORM MUST BE FILLED OUT BY THE HOMEOWNER

Name: _____
Address: _____
Phone Number: _____ Email: _____
Block: _____ Lot: _____

ANSWER YES OR NO IF YOUR HOME CURRENTLY HAS ANY OF THESE LISTED BELOW

			<i>For Office Use</i>	<u>Zoning Initials</u>
DRIVEWAY MODIFICATION(S)	YES _____	NO _____	_____	
FENCE	YES _____	NO _____	_____	
FLAT PATIO(S)/WALK(S)	YES _____	NO _____	_____	
SPORT COURTS	YES _____	NO _____	_____	
SHED (200 sq. ft. or less)	YES _____	NO _____	_____	
OTHER _____	YES _____	NO _____	_____	
OTHER _____	YES _____	NO _____	_____	
All required Zoning permits have been applied for	YES _____	NO _____	_____	

ANY VARIANCES GRANTED IN RELATION TO THIS PROPERTY YES _____ NO _____
IF YES, WHAT FOR _____

Representative of the Zoning Department

			<i>For Office Use</i>	<u>Bldg. Initials</u>
SWIMMING POOL	YES _____	NO _____	_____	
FINISHED BASEMENT	YES _____	NO _____	_____	
ADDITION	YES _____	NO _____	_____	
SHED (over 200 sq. ft.)	YES _____	NO _____	_____	
DECK	YES _____	NO _____	_____	
GAZEBO/PAVILION/PERGOLA	YES _____	NO _____	_____	
STANCHIONS	YES _____	NO _____	_____	
HOT TUB AND/OR SAUNA	YES _____	NO _____	_____	
FREE STANDING GARAGE	YES _____	NO _____	_____	
GENERATOR	YES _____	NO _____	_____	

There are no open permits for this Block & Lot

OUTSTANDING VIOLATIONS

Representative of the Construction Department

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT THE FOREGOING STATEMENTS
MADE BY ME ARE TRUE.

HOMEOWNER (SELLER) SIGNATURE ONLY
(SELLER)

NOTARY

PRINT NAME



TOWNSHIP OF MARLBORO
1979 Township Drive
Marlboro, New Jersey 07746
Office: 732-536-0200 Ext 1802 – Fax: 732-536-9799



**Application for Certificate of Smoke Alarm, Carbon Monoxide Alarm and Fire Extinguisher
Compliance for a One and Two Family Dwelling**

Block: _____ Lot: _____ House Built/Last Major Renovation Date: _____

Address: _____

Municipality: Marlboro Township

County: Monmouth

As per New Jersey Uniform Fire Code N.J.A.C 5:70-4.19 the following is MINIMUM requirements for the placement of all smoke alarms, carbon monoxide alarms and fire extinguishers within a residential property. All devices must be fully operational and in working condition while meeting all requirements.

Where to Place Smoke Alarms

- Basement Area: A smoke alarm shall be installed in the basement, within 10 feet of the stairway. The smoke alarm shall not be located within the stairway. If installed on an open ceiling joists, the smoke alarm shall be placed on the bottom of the joists.
- First Floor: A smoke alarm is required on the first floor. The smoke alarm shall not be located in the stairway. (It is suggested to be at the bottom and top of each stairway landing)
- Bedroom areas: A smoke alarm shall be located in the hallway area outside the bedrooms, within 10 feet of any bedroom door. In units with separate sleeping areas or with bedrooms on more than one floor, a smoke alarm is required within 10 feet of each bedroom.
- Attic area: A smoke alarm is required in finished attics only. The attic area smoke alarm shall be located in the attic near the stairway/entrance from the floor below. If there is a bedroom in the attic the smoke alarm must be within 10 feet of the bedroom door.

*See reverse side for additional home requirements

Type of Smoke Alarms

- AC/Hardwired smoke alarms shall not be replaced with battery powered smoke alarms and must be interconnected as approved during time of construction.
- All battery powered smoke alarms must be of the sealed 10-year battery variety. All others must be replaced.

Carbon Monoxide Alarms

- A carbon monoxide alarm shall be centrally located outside of each separate sleeping area in the immediate vicinity of the bedrooms. Each carbon monoxide alarm should be located on the wall, ceiling, or other location as specified in the manufacturers installation instructions.
- Carbon monoxide alarms shall not be older than 5 years or older than the expiration date as per manufacturers specifications.

All smoke alarms must be listed in accordance with ANSI/UL 217 and installed in accordance with NFPA 720. All carbon monoxide alarms must be listed in accordance with ANSI/UL 2034 and installed in accordance with NFPA 720.

Continued



TOWNSHIP OF MARLBORO

1979 Township Drive

Marlboro, New Jersey 07746

Office: 732-536-0200 Ext 1802 – Fax: 732-536-9799



Additional Smoke Alarm Requirements

- If there is a monitored fire system (ADT for example) a letter from alarm monitoring agency, on their letter head, stating that the smoke and/or carbon monoxide alarms are in working order and the location of each device.
- Any and all smoke alarms greater than 10 years in age shall not be accepted

House Built/Renovated	Minimum Requirements
Prior to January 1977	10 year sealed smoke alarm on all levels
January 1977 - September 1978	Hardwired smoke alarm on each sleeping level
	10 year sealed smoke alarm on all other levels
October 1978 - January 1983	Hardwired smoke alarm on each sleeping level and basement
	10 year sealed smoke alarm on all other levels
February 1983 - July 1984	Hardwired smoke alarm on all levels
August 1984 - February 1991	Hardwired smoke alarm on all levels
	All smoke alarms must be interconnected
March 1991 - Present	Hardwired smoke alarms on all levels and inside each bedroom
	All smoke alarms must be interconnected
	All smoke alarms shall be equipped with battery back-up

Fire Extinguisher

- At least one portable fire extinguisher per unit shall be installed in all one and two family dwellings (except seasonal rental units) upon change of occupancy;
- The extinguisher shall be listed, labeled, charged, operable and tagged by a certified Division of Fire Safety contractor with in the past 12 months or must have a receipt of purchase within 12 months;
- The size shall be no smaller the 2A:10B:C, rated for residential use and no more than 10lbs.; The hangers or brackets supplied by the manufacturer must be used. The top of the extinguisher must not be mounted more than 5 feet above the floor;
- The extinguisher must be located within 10 feet of the kitchen and must be visible and in a readily accessible location, free from being blocked by furniture, storage, or other items. The extinguisher must be near a room exit or travel path that provides an escape route to the exterior;

Certificate Applicant

Name: _____ Phone Number: _____

Address: _____

Signature: _____ Date: _____ Check #: _____

*Issued certificate is not transferrable. If the change of occupancy specified does not occur within 6 months a new application is required. 1-18-19

Township of Marlboro

Community Development
1979 Township Drive
Marlboro, NJ 07746-2229
(732) 536-0200 ext. 1809
(732) 536-7784 fax
zoning@marlboro-nj.gov

HVAC FURNACE INSPECTION CHECKLIST

COMPANY INFORMATION

Name: _____

Address: _____

Phone: _____

Inspector Name: _____

(Please Print)

License Number _____

HOMEOWNER INFORMATION

Name: _____

Address: _____

Phone: _____

Block _____ Lot _____

Type of System: Hot Air _____ Hot Water _____

Type of Fuel: Oil _____ Gas _____

<u>CHECKLIST ITEM</u>	<u>ACCEPTABLE</u>	<u>UNACCEPTABLE</u>
1. Inspect condition of flue pipe into chimney (If Ultra Vent check for cracks).		
2. Inspect PVC Venting on high efficiency furnaces for loose fittings and water leaks.		
3. Inspect draft hood on natural draft furnaces for holes.		
4. Inspect heat exchanger for cracks and holes.		
5. Check heat exchanger for carbon.		
6. Check draft on natural vent chimneys.		
7. Check C/O reading at draft hood and in front of furnace. READING # _____		
8. Check C/O reading at supply register in living area of house. READING # _____		
9. Check for normal cycling.		

THIS FORM MUST BE SUBMITTED WITH THE CCO (Non UCC) APPLICATION.

Signature of HVAC Inspector

Inspection Date