



TOWNSHIP OF TOMS RIVER

DIVISION OF PROPERTY MAINTENANCE

PO BOX 728, TOMS RIVER, NJ 08754

Tel: 732-341-1000 EXT 8440 Fax: 732-286-3814

Email: HOUSING@TOMSRIVERTOWNSHIP.com

Rental Certificate of Inspection Packet

(Checklist, Guidelines, Application)

Incomplete applications will not be accepted.

1. Entire application **MUST BE COMPLETE**. Please submit page 4 and 5 only, all others are for your records.
2. **There are a few ways to submit your application:**
 - a. **Email** to Housing@tomsrivertownship.com . Once emailed please allow approximately 24-48 hours for processing, in which you will then receive a link from SDL Portal to make your online payment.
 - b. **Mail** it to Code Enforcement, PO Box 728, TR, NJ 08754 Or **Drop off** to 33 Washington Street, TR, NJ
3. **Requirements for a Rental Certificate of Inspection application:**
 - a. **Must annually register a certificate of insurance with the Township Clerk- Required**
Per NJ law P.L. 2022, C.92 all rental units and multi-family homes are to annually register insurance with the Township Clerk.
 - b. Heat certificate from a licensed professional for all fuel burning heat sources - **Required**
 - c. If well water- Ocean County Health Department Water Analysis Cert- **if applicable**
 - d. If purchased within the last 6 months or if owner does not match the tax record we will need proof of ownership.
 - e. Every single-family, two-family, and multiple rental dwelling constructed before 1978 located within the Township shall have a Lead-Safe Certificate. (Seasonal rental dwellings rented less than six-months are exempt)
4. **Fee:** \$150 for each unit / \$50 re-inspection fee (failed) / \$50 Amended registration (Fees are Non-refundable)
5. A minimum of 5 days' notice is required when scheduling an inspection. Between the months of May 1st – July 15th a minimum of 10 days' notice is required for an inspection. (Ord#563-17, Chp 335-2H)
6. **Seasonal and Non Seasonal**
 - a. **Non-seasonal Rentals-** Rental certificates are valid for a 3 year period effective January 1st the calendar year issued & expiring on December 31st of the third year following unless there is a change in occupancy or ownership during the 3 year term in which case the premises must be inspected & receive a new rental certificate.
 - b. **Seasonal/Short Term Rentals-** Seasonal/Short Term rental certificates are valid April 1st through November 30th on the barrier island. Seasonal/Short Term rentals are not permitted outside of that period.
 - c. **Rental/ Landlord Registration #'s** will be assigned to you when you hand in your paperwork. This number is valid for a 3 year period, numbers must be placed on all advertisements.
7. **Occupancy Limits** -Rental units registered and certified pursuant to this article are subject to the maximum occupancy limits set forth in this subsection, which may be adjusted downward based on acceptable means of egress. The occupancy limit as computed pursuant to this subsection shall be documented on the Rental Certificate of Inspection. See section (Ordinance #335-14)
8. **A Rental Certificate of Inspection is not an approval for zoning, fire, or building code requirements and you must check with those township departments to determine if additional approvals are necessary.**

RENTAL INSPECTION GUIDELINES

Please note that this is only a guide and is not all inclusive

General:

- Every single-family, two-family, and multiple rental dwelling constructed before 1978 located within the Township shall be free from any lead based paint hazards. (Unless exempt under the law)

Exterior Property:

- Handrails are required where there are 4 or more risers over 30 inches in height & for all stairs used for egress.

Windows:

- There shall be at least one window in every bedroom & living room.
- Every window shall be operable; meaning able to open and close.

Appliances & Utilities:

- Electric, gas, & water must be turned on (including seasonal rentals). **If well water, a copy of Ocean County Health Dept. Water Analysis Certificate is required at time of application.**
- All heat outlets must be permanent & secured to wall.
- All electric must be operable & in safe working order.
- GFCI (Ground Fault Circuit Interrupters) must be installed within 6 ft. of any water source such as kitchen, bathrooms, laundry rooms, etc. but not limited to garages, unfinished basements, exterior of home, etc.
- **Please be advised if any electrical work/repairs are needed as a result of your rental inspection, either of the following is required:**
 - **the work/repairs is completed by a licensed electrician and an invoice is provided showing proof of the work; or**
 - **applicant makes other arrangements to complete the repairs and schedule a re-inspection of the previously identified electrical issues at a cost of \$150.00. Please note that all electrical issues identified MUST be fully resolved by the re-inspection, or else there will have to be a subsequent inspection for an additional cost of \$150.00**

Smoke Alarms, Carbon Monoxide detectors, and Fire Extinguisher: Requirements in accordance with NJAC 5:70-4.19

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**Smoke Alarms, Carbon Monoxide Alarms and Portable Fire Extinguishers
Requirements in accordance with NJAC 5:70-4.19**

SMOKE ALARMS:

- **Prior to 1984** – you should have a minimum of 10 year sealed battery operated smoke alarms on each level of the home and placed within 10 feet of each sleeping area.
- **NOTE:** If you have done any alteration or addition to your home, you should have upgraded your alarms.
- 1984 – 1990 – Requires interconnected electric (Hard-wired) smoke alarms with battery back-up on each level.
- 1991 – Present – Interconnected electric (Hard-wired) smoke alarms with battery back-up in each sleeping room, within 10 feet of each sleeping room door (Outside Room), & each level of the residence including basements.
- **NOTE: Working smoke alarms for all years are required to be on every level of the residence including basements. Hardwired smoke alarms shall be maintained in working order, if only battery operated they must be a 10 year sealed battery detector.**

CARBON MONOXIDE ALARMS:

- Carbon monoxide alarms shall be installed in all dwelling units, except for those that do not contain a fuel burning appliance or have an attached garage. Carbon monoxide alarms shall be installed and maintained within 10 feet of the sleeping areas.

FIRE EXTINGUISHER:

- A portable fire extinguisher shall be within 10 feet of the kitchen and located in the path of egress.
- The top of the extinguisher shall not be more than 5 feet above the floor.
- The extinguisher shall be readily accessible and not obstructed from view.
- The extinguisher shall have operating instructions and be mounted using the manufacturers hanging bracket.
- The extinguisher shall be an approved listed and labeled type with a minimum rating of 2A-10B:C and be no more than 10 pounds.
- The extinguisher shall be serviced and tagged by a certified Division of Fire Safety contractor within the past 12 months or a receipt for a recently purchased extinguisher must be provided.

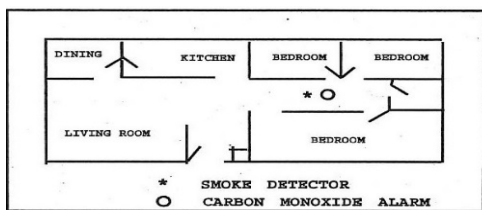


Figure 1

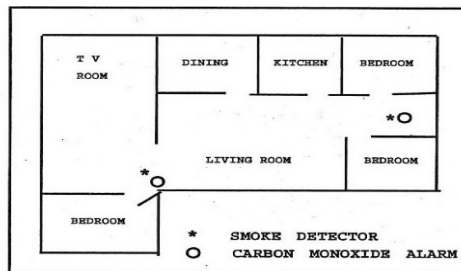


Figure 2

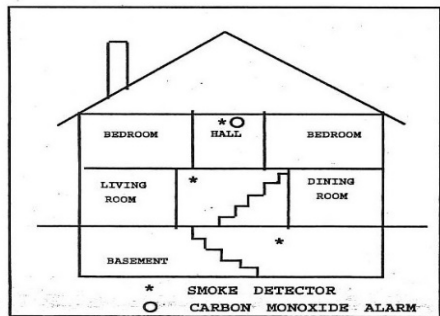


Figure 3

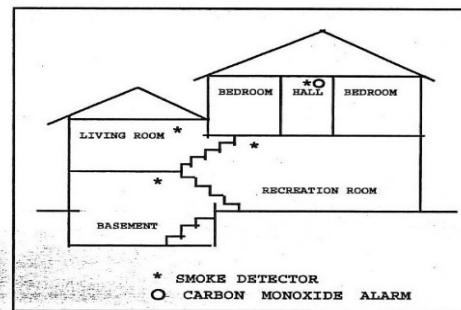


Figure 4

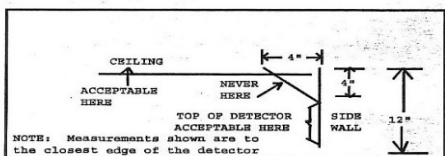


Figure 5



TOWNSHIP OF TOMS RIVER

DIVISION OF CODE ENFORCEMENT/HOUSING
PO BOX 728, TOMS RIVER, NJ 08754
Tel: 732-341-1000 EXT 8440 Fax: 732-286-3814
Email: HOUSING@TOMSRIVERTOWNSHIP.COM

APPLICATION FOR RENTAL CERTIFICATE OF INSPECTION AND RENTAL/LANDLORD REGISTRATION

Fee for Initial inspection: \$150 **Re-inspection** (failed unit) \$50 (Cash, Check, Money Order, Credit card, online credit card link will be emailed from SDL Portal) Please make all checks and money orders out to Toms River Township. All Fees are Non-refundable.

Please note, your Certificate will be electronically mailed to the email provided below.

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

DECLARATION OF PROPERTY CHARACTERISTICS

Check one: Single Family Two Family Multiple Dwelling (3 or more units.)

Check one: Year Round Rental Seasonal Rental

Fill in the blank: What year was the structure built? _____ *Required*

Check one: City Water Well Water (If well water, Ocean County Health Department Water analysis Cert if required with application)

Check one: Fuel Burning Heat (Gas, Oil) Electric heat No heat source

Check one: Wood/Coal burning stove/fireplace: Yes No (If yes, Fireplace/Chimney cert if required)

Check one: Basement: Yes No If yes, Finished Unfinished

Rental Property Address: _____

Name of Apartment/Condo/Townhome Complex: _____

Block: _____ Lot: _____ Qualifier: _____ Bldg/Apt #: _____

Owners Name: Must match Tax Records: _____

In the case of a partnership, corporation, LLC, Etc. the name, address, and phone number shall be provided for each individual partner. See page 5.

Owners Address: _____ Town/State/zip _____

Owners Phone #: _____ Owners Email: _____

All Certificates are now mailed electronically.

Email: _____

If different from above, this Email will receive payment request, inspection reports & certificates.

Licensed Rental Agent: Person Name & Company: _____

Agent Address: _____

Phone #: _____ Email: _____

Ocean County Authorized Representative: (MUST BE FILLED OUT IF OWNER DOES NOT RESIDE IN OCEAN COUNTY) (Relative, Neighbor, Friend, Etc)

Name: _____ Phone #: _____

Address: _____

Tenant(s) Name(s) Must be provided prior to occupancy _____

Inspections take place M-F (Except for Holidays) between 9am – 4pm: Administrative staff will contact you via email/phone to set up your inspection. For your convenience, we narrowed down time frames for your inspection.

To better assist you, please select a preferred time frame: **Mainland: 9-12 or 1-4 / Barrier Island: 9-1**

Owner or authorized representative over 18 must be present at the time of inspection.

Who will be at the inspection? **Owner Agent Other** _____ **Phone #** _____

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

# Of Sleeping Bedrooms: _____	Bedroom Size	&	Location (1 st , 2 nd , 3 rd Floor etc.)
Requested # of Occupants: _____	_____	&	_____
	_____	&	_____
	_____	&	_____
	_____	&	_____

Additional Information: If owner is a partnership, corporation, LLC, Etc. Please fill out contact information below:

Name: _____ **Phone#:** _____

Address: _____

Name: _____ **Phone#:** _____

Address: _____

Please read the following statements:

I hereby certify that I am the owner of record or agent authorized by the owner of record to make this application for a rental certificate of inspection.

I understand and have made the owner/agent aware that all Rental Registration numbers are required for all rental advertisements

I further understand that application fees are non-refundable.

I understand that all required paperwork must be submitted prior to scheduling the inspection such as proof of insurance registration with Township Clerk, heat certificate, well certificate, & chimney certificate.

I agree to be on the premises prior to the schedule inspection window selected or a re-inspection fee will be required.

I understand and made all parties involved aware that occupancy of any structure prior to obtaining a Certificate of Inspection the owner is in direct violation of ordinance 4563-17 and a summons will be issued.

I understand if any of the information on this application is willfully false, I am subject to a violation.

I understand that all open permits & violations with all Township Departments must be closed prior to the issuance of a Certificate.

By signing below, I have read and understood the entire rental packet:

(If applicant is not the owner of record, documentation of authorized applicant may be requested.)

Print name of Authorized Applicant: _____

Signature of Authorized Applicant: _____

Date: _____