



# 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](mailto:HOUSING@TOMSRIVERTOWNSHIP.com)

## Rental Certificate of Occupancy 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](mailto: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 Occupancy applications:**
  - a. Homeowners Insurance declaration Page- Required
  - 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. Wood Burning Fireplace/Chimney Cert- if applicable
  - e. Any open permits & violations must be closed with all Township Departments.
  - f. If purchased within the last 6 months or if owner does not match the tax record we will need proof of ownership.
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 1<sup>st</sup> – July 15<sup>th</sup> 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 c/o's are valid for a 3 year period effective January 1<sup>st</sup> the calendar year issued & expiring on December 31<sup>st</sup> 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 c/o.
  - b. **Seasonal/Short Term Rentals-** Seasonal/Short Term rental c/o's are valid April 1<sup>st</sup> through November 30<sup>th</sup> 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 for occupancy 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 certificate of Occupancy. See section (Ordinance #335-14)
8. **A rental Certificate of Occupancy 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.**

Revised May 2022

# RENTAL C/O GUIDELINES

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

## General:

- All open permits/violations with all Township Departments must be closed out prior to scheduling your rental inspection.
- All homes that were deemed substantially damaged must come into compliance prior to scheduling your rental C/O.

## Exterior Property:

- Exterior grounds clean of trash, debris, high grass, weeds & leaves.
- Unregistered/ inoperable vehicles must be removed from the premises.
- Outside of house clean, trimmed & neat. Paint not peeling, chipped, or worn. Free from holes & breaks.
- Roof, chimney, siding, gutters & downspouts all intact & clean with no missing pieces or obstructions.
- Handrails are required where there are 4 or more risers over 30 inches in height & for all stairs used for egress.
- All outside showers must be clean, sanitary & free from leaks & must have proper drainage.
- All bulkheads & docks shall be intact, secured, & free from rotted boards.
- Outside sheds must have locks/latches
- Accessory Structures such as sheds, garages, fences & walls must be structurally sound & maintained.

## Interior of Property:

- Ready for occupancy, freshly painted, in good repair, structurally sound & sanitary.
- All surfaces including basement, clear of mold and mildew.
- Carpets, tile, & all other floorings should be clean & free from rips or worn areas. If not, replace & secure.
- Closets must have doors, poles, & proper shelves secured. Sliding closet doors must have door guides secured to floor.
- Must be free from infestation of rodents and insects of any kind.

## Windows:

- There shall be at least one window in every bedroom & living room.
- Every operable window shall be easily opened & capable of being held in position by window hardware.
- Windows locking devices should be in proper working order. No loose or missing glass, glazing, chipping or peeling paint.
- All operable windows must have screens that are free from tears and holes.
- All basement windows must have tight fitting covers.

## Doors:

- All bedrooms & bathrooms must have privacy doors w/ an operable latch & privacy lock. No Key locks or deadbolts.
- Sliding doors shall open & close freely, have working locks, & an operating screen free of tears & holes.
- Doors must open & close freely & latch properly within the frame.

## 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 furnished major appliances must be cleaned and operable. (No food is to be left in refrigerator)
- Regardless of season, if you have a heat source, please provide us with a heat certification/invoice from a licensed professional. All fireplaces & furnaces must be inspected/cleaned once per year and a copy of the invoice must be provided with the application.
- All heat outlets must be permanent & secured to wall.
- Plumbing fixtures shall be in working order; no leaks or mildew in any faucet, under sinks & showers/tubs.
- On all self-installed wood burning stove and fireplaces, you must show proof of inspection approval by Toms River Township Building Department.
- All electric must be operable & in safe working order; all switches & outlets must be free of chips & paint.
- 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, the work/repairs must be conducted by a licensed electrician. (Invoice must be provided).**

**Smoke Alarms, Carbon Monoxide detectors, and Fire Extinguisher:** Requirements in accordance with NJAC 5:70-4.19 for additional information please see page 3 of rental packet.

Revised May 2022

**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.

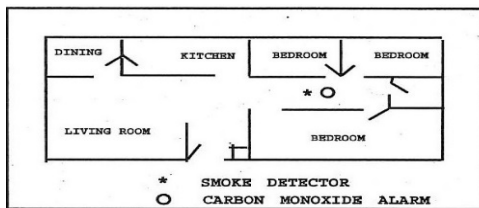


Figure 1

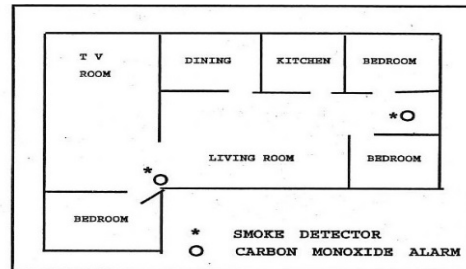


Figure 2

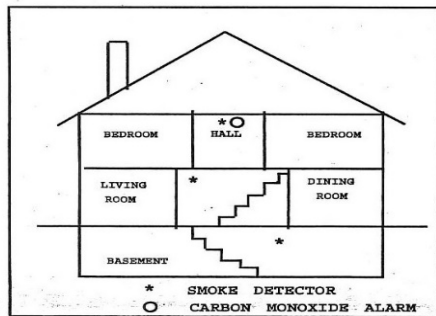


Figure 3

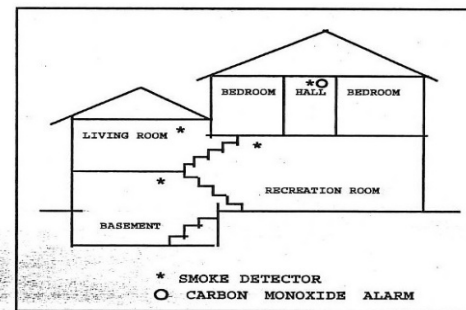


Figure 4

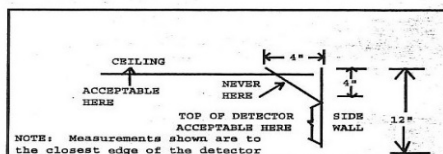


Figure 5



**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](mailto:HOUSING@TOMSRIVERTOWNSHIP.COM)

**OFFICIAL USE ONLY:**

Insurance	<input type="checkbox"/>	Verify Owner	<input type="checkbox"/>
Heat Cert	<input type="checkbox"/>	No OP/Viol	<input type="checkbox"/>
Well	<input type="checkbox"/>	Processed	_____
Chimney	<input type="checkbox"/>	Call/Email	_____
Paid	<input type="checkbox"/>	_____	

**APPLICATION FOR RENTAL CERTIFICATE OF OCCUPANCY 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.

**INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED**

**DECLARATION OF PROPERTY CHARACTERISTICS**

- Check one:  Single Family  Two Family  Multiple Dwelling (3 or more dwelling units)
- Check one:  Year Round Rental  Seasonal Rental
- Check one:  Furnished  Unfurnished
- 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: \_\_\_\_\_

Email: \_\_\_\_\_

**If different from above, this Email will receive payment request and inspection reports**

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**

<b># Of Sleeping Bedrooms:</b> _____	<b>Bedroom Size</b>	<b>&amp;</b>	<b>Location</b> (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Floor etc.)
<b>Requested # of Occupants:</b> _____	_____	<b>&amp;</b>	_____
	_____	<b>&amp;</b>	_____
	_____	<b>&amp;</b>	_____
	_____	<b>&amp;</b>	_____

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

**Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**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 certificate of occupancy 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 home owner's insurance declaration page, 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 Occupancy 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 Rental C/O

**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: \_\_\_\_\_