

**CERTIFICATE OF OCCUPANCY &
TRANSFER OF TITLE APPLICATION**

Tony Vecchio 732-502-4518

No. _____

Block _____ Lot _____

Date _____

Application is hereby made for inspection, approval and issuance of a Certificate of Occupancy for the following unit(s) as provided by Borough Ordinance. (Please answer all questions, do not leave any blanks).

Address of Property: _____

Present Owner of Property: _____

Address: _____ Telephone No.: _____

Name(s) of All Prospective Owner(s)/Tenant(s): _____, _____, _____

_____, _____, _____

Address: _____ Telephone No.: _____

Please Check One: Sale () Rental ()

If rental, also check: Yearly () Winter () Summer ()

Number of units to be inspected: _____ Number of Bedrooms: _____

Number of occupants: Adults _____ Children _____

Check type of dwelling: Single family () Multiple Family () Apartment () Commercial ()

Date of Occupancy: _____

Inspection date requested: _____ If possible, leave key with application. If not, must have telephone number of local person who will have dwelling unit open for inspection.

Local Agent's Name: _____ Telephone No.: _____

Contact Person's Name: _____ Telephone No.: _____

Signature of Owner or Agent

Fee: _____ Received by: _____ Date: _____



Fees: SALE OR TRANSFER		RENTAL	
One-Family Dwelling	\$ 75.00	Yearly	\$50.00
Multi-Family	90.00	Seasonal (Summer or Winter)	50.00
Commercial Building	75.00	Rental Units in excess of 5 bedrooms	
		\$15.00 each add'l. room/max/\$95.00	
		Commercial	50.00

RE-INSPECTION – IF NECESSARY \$25.00

**BUREAU OF FIRE PREVENTION
AVON FIRE DEPARTMENT
301 MAIN STREET, AVON-BY-THE-SEA, NJ 07717
732-502-4518**

**APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR AND
CARBON MONOXIDE ALARM COMPLIANCE**

Address of Inspection: _____

Current Owner's Name & Address: _____

Telephone No: _____ Block _____ Lot _____

Buyer's Name & Current Address: _____

Renter's Name & Current Address: _____

Agent's Name: _____

Firm Name: _____

Telephone No: _____

Applicant's Signature: _____ Date: _____

The smoke detectors and carbon monoxide detectors required below shall be located in accordance with NFPA 74. The detectors are not required to be interconnected. Effective January 1, 2019, ten-year sealed battery powered single station smoke alarms shall be installed and shall be listed in accordance with ANSI/UL 217. NOTE: Homes constructed after January 1, 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order.

- _____ On each level of the dwelling, including basements; excluding attic or crawl space; and
- _____ Outside each separate sleeping area; and
- _____ All smoke detectors are in working order.

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Fees:

- \$ 45.00 – requests for a CSDCMAC received more than 10 business days prior to change of occupant.
- \$ 90.00 – requests for a CSDCMAC received 4-10 business days prior to change of occupant.
- \$161.00 – requests for a CSDCMAC received fewer than 4 business days prior to change of occupant.

FOR OFFICE USE ONLY

Fee: _____ Date of Inspection: _____ File No: _____

Inspector's Name: _____ Date: _____