RENTAL
CERTIFICATE OF OCCUPANCY APPLICATION

****NOTE**** *A NEW CERTIFICTE OF OCCUPANCY AND INSPECTION IS REQUIRED PRIOR TO* ***ANY ADDITIONAL AND/OR NEW TENANTS***

OWNER NAME AND MAILING ADDRESS:_____
_____PHONE#_____
PROPERTY ADDRESS:_____
AGENT NAME:_____ PHONE#_____
SMOKE DETECTORS MONITORED: YES:_____NO:_____

LEADBASED PAINT CERTIFICATE:YES:_____NO:_____YEAR BUILT, IF AFTER 1978_____

IF YES, CERTIFICATE REQUIRED FROM ALARM COMPANY

LIST INDIVIDUALS AUTHORIZED TO OCCUPY UNIT-EACH ADULT AND CHILD

NAME(PLEASE PRINT)	DATE OF BIRTH (IF UNDER 18)	NAME(PLEASE PRINT)	DATE OF BIRTH (IF UNDER 18)
1. _____	_____	5._____	_____
2. _____	_____	6._____	_____
3. _____	_____	7._____	_____
4._____	_____	8._____	_____

I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Application is hereby made for inspection, approval and issuance of a **CERTIFICATE OF OCCUPANCY** as provided by Ventnor Ordinance 8333 – **Chapter 138.**

_____ _____
OWNER/AUTHORIZED AGENT DATE

FOR OFFICE USE ONLY

$50.00 FEE PAID_____ CASH_____CHECK_____LAST 4 DIGITS CARD_____
(NON REFUNDABLE)
DATE OF INSPECTION:_____ TIME:_____
APPROVED FOR ISSUANCE:_____ DATE:_____**PASS/FAIL**

PICK UP/MAIL DATE:_____**PASS/FAIL**
OCCUPANCY LOAD_____ NO ENTRY_____

UPDATED: 4/16/24 PL