

RENTAL

CERTIFICATE OF OCCUPANCY APPLICATION

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

OWNER'S NAME AND MAILING ADDRESS: _____

PHONE# _____

PROPERTY ADDRESS: _____

AGENT NAME: _____ PHONE# _____

PROPOSED SETTLEMENT DATE REQUIRED: _____

SMOKE DETECTORS MONITORED: YES: _____ NO: _____

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 CERTIFICATE OF
OCCUPANCY as provided by Ventnor Ordinance 8333-Chapter 138.

OWNER/AUTHORIZED AGENT

DATE

FOR OFFICE USE ONLY

\$100 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**