

# 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**