Change of Owner/Occupancy Procedures

Until otherwise advised we will be following this procedure for Change of Owner/Occupancy Inspections (CO’s).

All Applicants:

- We will continue to utilize our standard form and pricing for all applications.
- The applicant will need documentation from the Water Department stating they are aware of the change and that the meter will be addressed at a later date.
- We will continue to follow our current scheduling procedures for inspections.

For Unoccupied Properties:

- All unoccupied dwelling and apartments will be entered and a full inspection conducted as typically performed. This may be conducted by use of an unlocked door or lock box to enter.
- All re-inspections procedures and forms remain unchanged.

For Occupied Properties:

- If the property is occupied our staff will provide the seller/agent with the affidavit form once payment and confirmation from the Water Department has been provided. This form will be filled out in its entirety. It will need to be notarized and returned to our office.
- The staff will schedule an inspector to perform an exterior inspection “NO INTERIOR” at the time the application has been received.
- Any re-inspection needed for exterior inspection performed will require the $30 fee and the re-inspection scheduled.
- Once the affidavit is received and the exterior inspection has passed then we will issue an amended TCO which would state that occupancy is permitted and a further inspection is required once we have been released from the protective measures.
- A log will be maintained by the staff including the address, contacts for the seller, buyer and agents.
- No additional fees to be collected for the future inspection.
TEMPORARY CERTIFICATION IN LIEU OF INSPECTION FOR SMOKE ALARM, CARBON MONOXIDE ALARM
AND PORTABLE FIRE EXTINGUISHER COMPLIANCE

Dwelling Location: (not mailing address) Block: _____ Lot: _____ Street: __________________________
Municipality: __________________________ County: __________________________

*NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID

☐ Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl spaces; and
☐ Smoke alarm and carbon monoxide alarm outside each separate sleeping areas; and within 10 feet of bedrooms.
☐ Smoke alarms are in working order.  ☐ Carbon monoxide alarm(s) in working order.
☐ Fire extinguisher 2A:10BC is properly mounted and is located within 10 feet of the kitchen.
☐ This is a _____ story dwelling  ☐ with a basement  ☐ without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke alarms and
carbon monoxide alarms required above shall be located in accordance with NFPA 72. The alarms are not required to be
interconnected. Battery powered alarms are acceptable. Note: AC powered and/or interconnection alarms and smoke
detectors installed in homes constructed after January 1977 shall be maintained in working order. The fire extinguisher
is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 et seq.).

☐ Buyer is aware of future inspection.
☐ Seller is aware that they are responsible for any violations found within 180 days from inspection date.

Please mail certificate to: Address: __________________________ Phone #: __________________________
City, State Zip: __________________________ Fax #: __________________________

Contact person: __________________________ Phone #: __________________________ Closing Date: __________________________

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statement
made by me are willing false, I will be subject to penalty.

Sworn and subscribed
to before me this _________ day of _________, 2020.

Notary Signature __________________________

Applicant Signature __________________________

Printed Name __________________________

NOTE: Once issued, a Certificate is not transferrable nor is a fee reimbursable.

FOR OFFICE USE ONLY

Log #: __________________________  Check #: __________________________