

C/O Year (s) \_\_\_\_\_  
Owner Certificate of Occupancy  
Inspection Application form

*Borough of Seaside Heights*

901 Boulevard  
Seaside Heights, New Jersey 08751  
T: (732) 793-9100 F:(732) 793-0319  
Email: housing@seaside-heightsnj.org  
Code Enforcement Department

I (We) Do not Rent \_\_\_\_\_  
\_\_\_\_\_  
Signature of Owner

**OWNER INFORMATION**

- Name & Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Physical address - Owner's full name & address if different from above is **Mandatory**. (for emergency purposes)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Telephone #'s (**must complete**)  
Cellular: \_\_\_\_\_  
Day: \_\_\_\_\_  
Eve: \_\_\_\_\_
- EMAIL Address**  
\_\_\_\_\_

**PROPERTY INFORMATION**

- Property to be inspected:  
\_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_
- # of Units to be inspected: \_\_\_\_\_
- Property Mgmt. is:  
Name: \_\_\_\_\_  
Contact #: \_\_\_\_\_

**Tenancy Information (print & fill out completely)**

Tenant - Unit #	Move In Date	Tel/Cellular #
Tenant - Unit # 1	_____	_____
Tenant - Unit # 2	_____	_____
Tenant - Unit # 3	_____	_____
Tenant - Unit # 4	_____	_____

**Attach tenant list if more than 4 to this application**

The Borough inspects every other year except in instances where tenancy changes. On every tenant change, inspections are mandatory prior to a new tenant taking occupancy. It is the responsibility of the property owner to notify the Borough of tenant changes & when occupancy revisions occur in timely fashion. All transient & seasonal units must be inspected every year. Spot inspections take place at any time.

**Fee (Payment is due prior to or day of your inspection)**

Inspection is \$75 per unit, apartment or condominium. Reinspection is \$75 per visit, per unit, per apartment.

-----**Office Use Only**-----  
(Do not write below line)

Inspection Date \_\_\_\_\_ Application \_\_\_\_\_

Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**Reinspection \$75 per unit/per apt.**

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**2<sup>nd</sup> Reinspection \$75 per unit/per apt.**

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**TRANSIENT/**                    **A(1) / B(2) / C(3) / D(4) / E(5) / F(6) / G(7) / H(8) / I(9) / J(10)**  
**NON-TRANSIENT**

Code Enforcement Approved \_\_\_\_\_ Date \_\_\_\_\_

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