



Township of Little Egg Harbor

665 Radio Road

Little Egg Harbor, New Jersey 08087

Phone: 609-296-7241 ext. 616

Fax: 609-812-1732

Temporary Waiver of Certificate of Occupancy

A Temporary Waiver of Certificate of Occupancy is a document issued prior to a Certificate of Occupancy. It is only issued to allow a buyer to work on the property for the express purpose of complying to the requirements to obtain a Certificate of Occupancy.

Requirements

1. Complete the "Temporary Waiver of Certificate of Occupancy Inspection" application; must be filled out by the buyer. (\$25 fee for inspection)
2. Schedule Temporary Waiver of Certificate of Occupancy inspection.
3. Should a property have any open permits, they must be inspected and closed prior to the waiver application being submitted.
4. In the case that the work has not been completed, the permits must be transferred into the buyer's name. Transfer of ownership permits must be submitted along with the waiver application.

Pre-Inspection Checklist

1. The property must be secured.
2. Fire Extinguisher: Must be rated A,B,C, cannot be expired, cannot be in a box.
3. Smoke Detector: Require one per floor.
4. Carbon Monoxide Detector: Require one per structure.

Note: A Certificate of Occupancy MUST be applied for and obtained before any property can be occupied. Failure to comply with this ordinance will result in a summons being issued and a fine imposed.

(ordinance: §156-12.1)

If you have any questions please call us at 609-296-7241 ext. 616.



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Temporary Waiver of Certificate of Occupancy Application for Inspection

Inspection Fee \$25

Check or Money Order Only; All checks made payable to "Little Egg Harbor Twp."

Check Number

Check Amount

Check One	Water Type	
<input type="checkbox"/>	Public Water	
<input type="checkbox"/>	Well Water	Certificate Required

Address to be Inspected:

Block:

Lot:

Date:

Inspection Date:

Lockbox:

Buyers Name:	
Buyers Phone:	
Buyers Email:	
Buyers Address:	

Agent Name:	
Agent Phone:	
Agent Email:	

We (L.E.H.T.) are not agents for the buyer or seller; by ordinance we conduct inspections for the purpose of Safety, Sanitation, and Security.

Owner Signature

Date



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Application for Temporary Waiver of Certificate of Occupancy

I _____, do hereby certify that I am the buyer of the property

located at _____

Block: _____ Lot: _____, and I fully acknowledge that I must:

1. Have the listed property inspected by the Little Egg Harbor Housing & Bulkhead Inspector for safety, sanitation, and security prior to a Temporary Waiver of Certificate of Occupancy can be issued.
2. Make sure the bulkhead (if applicable) is in good repair as per ordinance §151-10 "Maintenance of bulkheads and waterfront lots; duty to repair." If it is not, then a letter of intent to repair or replace the bulkhead within 120 days as per our ordinance must be submitted to the Township Bulkhead Inspector.
3. Apply and obtain a Certificate of Occupancy before anyone can occupy this property as per ordinance: §156-12.1. "Temporary Waiver of Certificate of Occupancy."

Buyers Name

Signature

Date



Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, New Jersey 08087
Phone: 609-294-9071 Fax: 609-294-9065

Rental, Resale and Transfer of Title Open Permit Request Form

Date: _____

For open permits and substantial damage letter request the following information is required:

Homeowner of Record: _____

Address being requested: _____

Block: _____, Lot: _____

Requested by: _____

Signature: _____

E-mail address: _____

Phone number: _____

OFFICE USE ONLY

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

OVER

Rental, Resale and Transfer of Title Open Permit Request Form

ADDRESS: _____

OFFICE USE ONLY

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Permit # _____ Type: _____ Build ___ Elect ___ Plumb ___ Fire ___ Open/Closed _____

Substantial Damage Letter: Yes: _____ No: _____

Comments: _____

Processed by: _____ Date: _____