



Township of Little Egg Harbor Code Enforcement Office

665 Radio Road
Little Egg Harbor, New Jersey 08087
Phone: 609-294-9071 ext. 161 Fax: 609-812-1732

As of 4-1-2020

Due to the hardship we are all facing because of COVID-19 Little Egg Harbor Township will be issuing Temporary Certificate of Occupancy's. Please follow these steps to obtain your COVID-19 Temporary Certificate of Occupancy that will be good for 30 days after we are no longer on shut down.

- Fill out application for required CO (rental/resale; attached)
- Submit the CO application with check or money order via mail or using our drop box at the entrance of our building. (665 Radio Rd)
- Completely fill out "Certificate of Smoke Alarm, Carbon Monoxide Alarm, and Portable Fire Extinguisher Compliance" form (attached)

As of right now we will be checking for any open permits after we are no longer shut down. Should someone close on a property while we are on shutdown it is at their own risk. After we are no longer shut down and we come out to do the scheduled inspections and it is discovered that there are open or missing permits, the new owner will be responsible for closing out and/or obtaining any permits required.

Rodney Tozer

Housing and Bulkhead Inspector



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Certification of Smoke Alarm, Carbon Monoxide Alarm and Portable Fire Extinguisher Compliance

Dwelling Location Block _____ Lot _____

Street Address: _____

I _____, Certify that the dwelling at the above referenced location has smoke alarms installed and are in working order as stated below based on the year the house was built:

() 1978 and before: All one and two family dwelling constructed before 1978 must have 10 year sealed battery smoke alarms located on each level of the structure and outside each separate sleeping area in the immediate vicinity of the bedrooms.

() 1979 to 1987: One and Two family dwelling was constructed between 1979 and 1987. AC powered smoke alarms are required in the immediate vicinity of each sleeping area and in the basement area. 10 year sealed battery powered smoke alarms shall be added to meet the new requirement for each level of the structure. The smoke alarms located outside each sleeping area(s) and the basement **MUST BE AC POWERED UNITS.**

() 1987-1991: One or two family dwelling was constructed between 1987 and 1991 . AC powered interconnected smoke alarms are required on each level of the structure and outside each sleeping area in the immediate vicinity of the bedrooms. **ALL SMOKE ALARMS MUST BE AC POWERED AND INTERCONNECTED UNITS. IF ONE ALARM ACTIVATES ALL ALARMS SOUND AN ALARM.**

() 1991 to Present: One or two family dwelling was constructed between 1991 to present, AC powered interconnected units with battery backup must be installed in all bedrooms, outside each sleeping area, and on every level of structure.

NO EXCEPTIONS

() **All smoke alarms are in working order.**

() **Carbon Monoxide Alarm installed in immediate vicinity of the sleeping area(s). Carbon monoxide alarms may be battery operated, hard wired or plug in type and shall be listed and labeled in accordance with UL-2034 and installed per N.J.A.C. 5:70-4.19 and NFPA-720.**

() **Portable Fire Extinguisher 2 ½ to 10lbs. ABC Dry Chemical within 10 feet of the kitchen, mounted no higher than 5 foot high and visible.**

This inspection shall be conducted by the owner or an authorized representative of the owner.

Email address: _____

Phone number: _____ Fax No. _____

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

Sign Name

Print Name

Sworn and subscribed to me this ____ day of
_____ 2020

Notary Public of the State of New Jersey



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Requirements

1. Complete and submit application along with appropriate fee(s).
2. Schedule your inspection.
3. Submit a mechanical certification & well water analysis approval from Ocean County Board Of Health (if applicable), and file a landlord filing statement (if applicable) with the Municipal Clerk before a Certificate of Occupancy and be Approved.

Pre-Inspection Checklist

1. House Numbers: must be attached to the structure. 3 inch numbers for residential; 6 inch for commercial.
2. Door Deadbolts: cannot be keyed on interior.
3. Smoke Detectors: are required 1 on each floor of the house (including basement); also must be within 10 feet of any/all bedroom(s). If you have an interconnected system, all must be interconnected.
4. Carbon Monoxide Detector: are required on the outside of and within 10 feet of any/all bedroom(s).
5. Fire Extinguisher: must be located in the vicinity of the kitchen; has to be rated A, B, C; cannot weigh more than 10 lbs.; cannot be in a box.
6. Anti-Tip Device: required in all ranges.
7. Safety Relief Valves: on water heaters and boilers are required to be piped downward to between 2 and 6 inches from floor, with no reducers and no threads on the bottom. (no plastic, unless approved by plumbing code)
8. Dryer Exhaust: must be metallic flex or rigid pipe and have proper termination to the outside of the house.
9. Water Faucets: Water must be on and must have the hot water on the left and cold water on the right.
10. Plumbing: must be in satisfactory condition, no open sewer lines.
11. Electrical: closet light bulbs, switches, outlets, junction boxes, breaker, and fuse boxes must all have covers. Breaker and fuse boxes cannot have any gaps. Electrical service equipment such as cable and or service mast, meter socket, and breaker panel must be in satisfactory condition.
12. General Condition: must not have broken windows, missing siding, or debris inside or out. No uncut grass or weeds. Chimneys and furnaces must be properly capped and vented. No holes in walls, floors, or doors. Handrails and guardrails are required on all open sides of decks and stairways 30 inches or more above grade. Bulkhead must be maintained (letter of intent for new buyers). All Rentals must have non broken screens in place, and the general condition of the property must be safe, sanitary, and secure.

Please Note this list is NOT all inclusive. There may be situations at the property that will prevent you from passing your inspection.

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



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Certificate of Occupancy Inspection Application Existing Structure Rental / Resale

Address to be Inspected:

Block:	
Lot:	

Today's Date:

Lockbox #:

Owners Name:	
Owners Phone:	
Owners Email:	
Owners Address:	

Agents Name:	
Agents Phone:	
Agents Email:	
Agents Address:	

Check One	Inspection Type	Fee
<input type="checkbox"/>	Rental	\$35.00
<input type="checkbox"/>	Resale	\$25.00

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

Check Off Any / All	Building	Electrical	Plumbing	Fire
Open Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Number				

Inspection Date:

Owner Signature

Agent Signature



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Mechanical Certification

Certification may be made by the property owner, licensed contractor(s), or a home inspection agency of choice.

Pursuant to Little Egg Harbor Township Ordinance 2001-14 and 8-10.0 all properties sold and rented shall have their *heating unit, hot water unit, plumbing, and electrical system* inspected and certified. Then the certification has to be delivered to the construction code official before a Certificate of Inspection / Occupancy can be issued.

Please complete form below:

I _____, do hereby certify that the heating unit, hot water unit, plumbing, and electrical systems located at _____
Block: _____ Lot: _____ are in satisfactory and safe working condition.

Owner / Inspectors Name

Inspectors License Number

Signature

Title

Date



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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

Open Permits

Yes _____ No _____

Substantial Damage

Yes _____ No _____

Open Violations

Yes _____ No _____

Open Permits Below:

Permit No. _____ Discipline: _____ Work Type: _____

Permit No. _____ Discipline: _____ Work Type: _____

Permit No. _____ Discipline: _____ Work Type: _____

Permit No. _____ Discipline: _____ Work Type: _____

Permit No. _____ Discipline: _____ Work Type: _____

Processed by: _____ Date: _____