

C/O Year (s)

2021

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

Only Check & Sign If You Do NOT Rent ()

Signature of Owner
**** MUST INDICATE SEASIDE
HEIGHTS ADDRESS BELOW ****

OWNER INFORMATION ONLY

1. Name and Mailing Address

Phone: _____
Cellular: _____
Day: _____
Eve: _____

Email Address: _____
() Check for paperless notifications

SEASIDE HEIGHTS PROPERTY INFORMATION

Address & Apt # _____

Block _____ Lot _____ Qualifier _____

Number of Units to be inspected: _____

Property Mgmt. is:

Name: _____

Contact #: _____

Email Address: _____

Year Round _____ Seasonal _____ Tenant Info Rec'd _____

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 & Application is due in Code Office prior to making your inspection

Inspection is \$100 per Unit, Apartment or Condo ~ \$ 50 per Hotel Room, Boarding House.
Re inspection is \$100 per Unit, per Apartment or Condo ~ Re inspection is \$ 50 per Hotel Room, Boarding House.

Office Use Only
(Do not write below line)

Inspection Date _____ Application _____

Amount \$ _____ Cash _____ Check # _____ Receipt # _____

Re inspection \$100 per unit/per apt.

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

2nd Re inspection \$100 per unit/per apt.

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

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

Code Enforcement Approved _____ Date _____

ADDRESS

Tenancy Information
Any person age 18 or older - Print & fill out completely
(All information is mandatory)

Tenant - Unit # 1	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 2	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 3	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 4	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 5	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 6	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 7	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 8	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 9	Move In Date	Tel/Cellular #
_____	_____	_____
Tenant - Unit # 10	Move In Date	Tel/Cellular #
_____	_____	_____