

Application for Residential-Rental Certificate of Continued Occupancy

The following information is required by Borough of Matawan Ordinance #17-3 for rental.
INCOMPLETE, NONLEGIBLE APPLICATIONS WILL **NOT** BE ACCEPTED.

FEES Prior to 10 Business days from scheduled inspection: \$110.00 4-10 Business days from scheduled inspection: \$135.00 Less than 4 Business days from scheduled inspection: \$160.00 Returned Check fee:\$20.00

Address: _____ Complex: _____

Block: _____ Lot: _____ Other: _____ Unit No: _____

Garage: _____ Number: _____ Parking Space: _____ Number: _____

Number of Bedrooms: 1 / 2 / 3 / 4 / 5 Bathrooms: 1 / 2 / 2.5

Name/s of tenant/s on lease:

A. _____ Age: _____ Gender: _____

B. _____ Age: _____ Gender: _____

Tenant Telephone No: _____ Cell No: _____

EMAIL _____

1. Child Name: _____ Age: _____ Gender: _____

2. Child Name: _____ Age: _____ Gender: _____

3. Child Name: _____ Age: _____ Gender: _____

4. Child Name: _____ Age: _____ Gender: _____

5. Name: _____ Age: _____ Gender: _____ Relationship: _____

6. Name: _____ Age: _____ Gender: _____ Relationship: _____

Handicapped: Yes No Life Support: Yes No

Who: _____

Copy of lease submitted: Yes No If No, Why: _____

Total number of occupants for this rental is: _____

All fees paid to date: Registration Yes No **CCO inspection** Yes No

Paid by: _____ Check No: _____ Cash

Inspection Date Requested: _____ Requested By: _____

Requestor Address: _____

Requestor Telephone No: _____ Application Received & Checked by _____

FOR OFFICE USE ONLY:

Application for Registration for current year on file, Checked: Yes No By: _____ Date: _____

Application received by FPB Date: _____ By: _____

Reg. No.: _____ Inspection No: _____ State No: _____
Property Inspected by: _____ Date: _____
Inspection Approved: _____ Date: _____ Re-Insp. Approved: _____ Date: _____
Inspector Time: _____ Permitted occupant for this unit is: _____ Unit Posted: Yes No
Location of Posting: _____
Data entered by: _____ Date entered: _____