

Borough of Matawan Fire Prevention Bureau
Application for 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.

Date: _____ Inspection #: _____

Address: _____ Complex: _____

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

Number of Bedrooms: _____

Names of tenants on lease: _____ **EMAIL:** _____

A. _____ Age: _____ Gender: _____

B. _____ Age: _____ Gender: _____

Tenant Telephone No: _____ Cell No: _____

- 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: _____ Life Support: _____
Who: _____

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

Total number of occupants for this rental is(Not to exceed double # of BR): _____

All fees paid to date: Registration _____ **CCO inspection**

Paid by: _____ Check No: _____ Cash _____

Inspection Date Requested: _____ Requested by: _____

Requestor Address: _____

Requestor Telephone Number: _____ Application Received by: _____

FOR OFFICE USE ONLY:

Application received by FPB Date: _____ By: _____

Reg. No.: _____ Inspection No: _____

Property Inspected by: _____ Date: _____

Inspection Approved: _____ Date: _____ Re-Insp. Approved: _____ Date: _____

Inspector Time: _____ Permitted occupant for this unit is: _____