

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

RECEIVED Prior to 10 Business days from scheduled inspection: \$110.00

RECEIVED 4-10 Business days from scheduled inspection: \$135.00

RECEIVED FEWER 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. _____ DOB: _____ Gender: _____

B. _____ DOB: _____ Gender: _____

Tenant(s) Telephone No: _____ Cell No: _____

EMAIL(s): _____

- | | | | |
|----------------------------------|------------|---------------|----------------|
| 1. Additional Tenant Name: _____ | DOB: _____ | Gender: _____ | Relation _____ |
| 2. Additional Tenant Name: _____ | DOB: _____ | Gender: _____ | Relation _____ |
| 3. Child Name: _____ | DOB: _____ | Gender: _____ | |
| 4. Child Name: _____ | DOB: _____ | Gender: _____ | |
| 5. Child Name: _____ | DOB: _____ | Gender: _____ | |
| 6. Child Name: _____ | DOB: _____ | Gender: _____ | |

Handicapped/Special Needs? ☐ 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 Receipt # _____ PSN _____

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: _____