

**THE FOLLOWING ITEMS MUST BE COMPLETED**  
**PRIOR TO SUBMITTING CERTIFICATE OF**  
**OCCUPANCY APPLICATION TO THE LONG BRANCH**  
**FIRE MARSHAL'S OFFICE**

- **PRINT OUT FROM LONG BRANCH SEWERAGE AUTHORITY OF SEWER BILL SHOWING PAID TO CURRENT QUARTER. (LOCATION OF SEWERAGE AUTHORITY IS 150 JOLINE AVENUE.)**
- **PRINT OUT FROM LONG BRANCH TAX OFFICE OF TAX BILL SHOWING PAID TO CURRENT QUARTER. (LOCATION OF TAX OFFICE IS ACROSS THE PARKING LOT IN MAIN BUILDING OF CITY HALL.)**
- **ATTACHED FORM FOR "NO OPEN BUILDING PERMITS" MUST BE SIGNED OFF FROM LONG BRANCH BUILDING DEPT. (LOCATED IN SAME BUILDING AS FIRE MARSHAL'S OFFICE.)**
- **ALL FORMS MUST BE DELIVERED IN PERSON. NO FORMS MAY BE FAXED OR MAILED. ONLY ORIGINAL APPLICATIONS CAN BE ACCEPTED.**
- **ALL PAGES MUST BE COMPLETED BEFORE SUBMITTING. PLEASE PRINT LEGIBLY.**
- **NAMES OF OCCUPANTS MAY ONLY BE CHANGED WITHIN TWO WEEKS FROM DATE OF INSPECTION AFTER TWO WEEKS NEW APPLICATION MUST BE RE-FILED.**



**City of Long Branch,  
Office of the Fire Marshal  
344 Broadway Long Branch, NJ 07740  
Phone: (732) 571-5651, Fax: (732) 222-4493**

**Regulations for applying for a Residential Certificate of Occupancy for one and two family homes and multiple dwellings:**

Certificate of Smoke Detector and Carbon Monoxide Alarm Compliance is required on change of occupancy and/or transfer of title of one and two family dwellings (fee is \$35.00). Residential Certificate of Occupancy is required prior to change of occupancy on all dwellings (fee is \$60.00). When applying for a Residential Certificate of Occupancy in a one or two family dwelling, both forms are required (total fee \$95.00). When applying for a residential Certificate of Occupancy in a multiple dwelling, the Smoke Detector and Carbon Monoxide Alarm Compliance form is not required.

**Regulations for applying for a Commercial Certificate of Occupancy:**

New businesses or transfer of ownership of existing Commercial uses requires a Certificate of Occupancy (fee is \$60.00).

# **City of Long Branch**

## **Office of the Fire Marshal**

### **The following will be some of the things addressed during a residential C. O. Inspection**

- 1. All areas must be accessible for inspection.**
- 2. The unit must be clean, sanitary and free of infestation.**
- 3. A trash storage area must be provided with trash/recycling containers with lids.**
- 4. Mail boxes and street numbers must be provided. Numbers must be at least 3 inches in height and visible from the street. Only Arabic numerals.**
- 5. Doors and windows must open, close and lock properly.**
- 6. Carbon Monoxide Alarm required in the area of the sleeping rooms.**
- 7. All exterior and interior flights of stairs having four or more risers must have handrails.**
- 8. Entry & Exit doors must be equipped with safety lock (s), & no key operation from inside locks.**
- 9. The property must be free of debris. There must be no evidence of vermin.**
- 10. Grass must be cut, bushes trimmed and not causing a traffic hazard.**
- 11. Poison ivy and ragweed must be removed from property.**
- 12. Fire extinguisher required, ABC type, ten lbs. or less. Not required to be mounted**
- 13. Smoke detectors are required on each level of the home and within 10 feet of each bedroom. A smoke detector is also required inside each bedroom.**
- 14. Paint must be in good repair inside and outside the unit or building.**
- 15. Floors, walls and ceilings must be in good condition, no holes or signs of disrepair – molding intact.**
- 16. No plumbing leaks, tile grout must be in place and in good order.**
- 17. Hot water boiler and/or heater relief valve must have an unreduced pipe on it going to within 6” of the floor.**
- 18. Heat must be provided for October 1<sup>st</sup>. to May 1<sup>st</sup>. of each year.**
- 19. Every openable window and/or door must be equipped with screens May 1<sup>st</sup> – Oct. 1<sup>st</sup>. of each year.**
- 20. Hot water temp. must be sufficient. 120-160-F**

**Inspections are conducted along regulatory guidelines and the above list is not meant to be all-inclusive. Please contact the Fire Prevention Bureau with your concerns for more information. You can also review the 2015 International Property Maintenance Code (available in the office of the City Clerk.)**



**RESIDENTIAL CERTIFICATE OF OCCUPANCY APPLICATION**

RCO# \_\_\_\_\_

APPLICATION IS HEREIN MADE FOR INSPECTION OF THE FOLLOWING PREMISES AND  
ISSUANCE OF A RESIDENTIAL CERTIFICATE OF OCCUPANCY (C of O) AS REQUIRED BY CITY

DATE \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT \_\_\_\_\_ ZONE \_\_\_\_\_

1. Owner of Property: \_\_\_\_\_

(if corporation, list both corporation name and owner's name)

2. Address of Owner: \_\_\_\_\_

(corporation address and owners home address required. NO P.O. BOX NUMBERS ACCEPTED)

3. Telephone # of Owner: Work \_\_\_\_\_ Home \_\_\_\_\_

\*\*\*Emergency 24 Hours\*\*\* \_\_\_\_\_

4. Manager's Name and Phone #: \_\_\_\_\_

4. Property Address: \_\_\_\_\_ Apt. / Unit \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

5. Total Number of Dwelling units at this location: \_\_\_\_\_

6. Type Of Occupancy: Rental: \_\_\_\_\_ Sale \_\_\_\_\_ Owner re-occupy: \_\_\_\_\_ Transfer of Title: \_\_\_\_\_

\*If rental, please indicate if seasonal: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Lease Term: Begin \_\_\_\_\_ End: \_\_\_\_\_

7. Type of Dwelling: House: \_\_\_\_\_ Apt \_\_\_\_\_ Condo \_\_\_\_\_

8. Number of Bedrooms: \_\_\_\_\_ 9. Number of Occupants: \_\_\_\_\_

As per the City of Long Branch Ordinance Section #262-25(I), I understand that a Code Official **WILL NOT**  
inspect any dwelling unit for the purpose of issuing a Certificate of Occupancy during the period that it is occupied.

11. Type of Payment: Check#: \_\_\_\_\_ Money Order # \_\_\_\_\_

12. Name of Prospective Occupant(s): one per line

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____
7 _____	8 _____
9 _____	10 _____

13. \_\_\_\_\_

(Signature of Applicant)

Official Use Only:

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

**RESIDENTIAL CERTIFICATE OF OCCUPANCY FEE IS \$60.00 (payable to City of Long Branch)**

FAILURE TO MAKE APPLICATION FOR INSPECTION AND OBTAIN A CO FOR EACH DWELLING UNIT  
(PRIOR TO OCCUPANCY) MAY BE PUNISHABLE BY FINE IN MUNICIPAL COURT. APPLICATION IS  
GOOD FOR 30 DAYS, INCLUDING RE-INSPECTION. NAME OF OCCUPANTS MAY ONLY BE CHANGED  
WITHIN TWO WEEKS OR NEW APPLICATION MUST BE FILED.



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**SMOKE DETECTOR AND CARBON MONOXIDE ALARM  
COMPLIANCE INSPECTION APPLICATION**

Date: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address of Owner:  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Tenant: \_\_\_\_\_

Buyer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(Office Use Only): Inspection Date / Time: \_\_\_\_\_

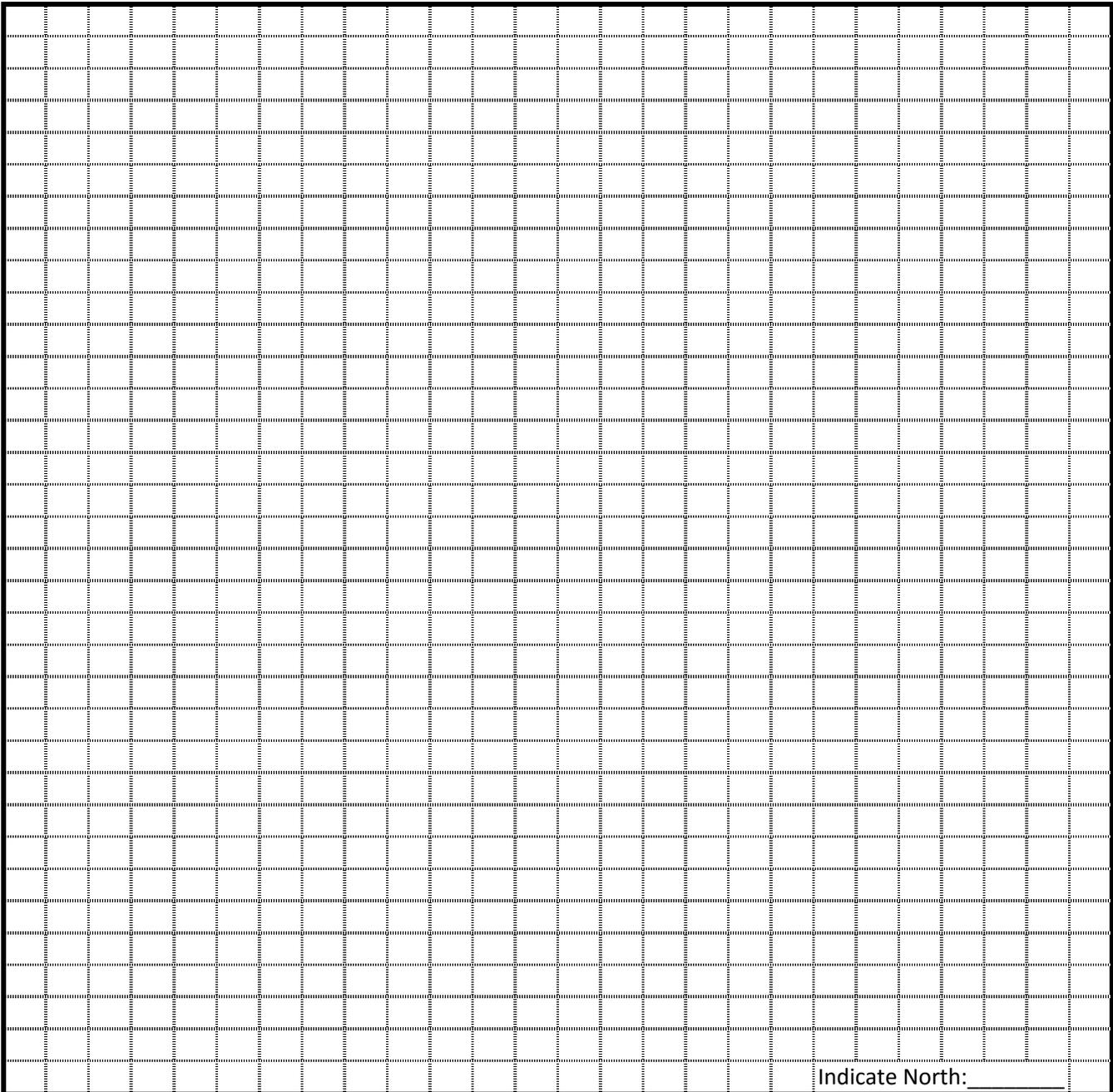
Fee **\$35.00**. As required by N.J.A.C. 5:70-2.3

# Residential Certificate of Occupancy

Date: \_\_\_\_\_ **Floor Plan** Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Floor#: \_\_\_\_\_ (If not a first floor residence indicate door(s) used to access)



Indicate North: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Residential Certificate of Occupancy

Date: \_\_\_\_\_ **Floor Plan** Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Floor#: \_\_\_\_\_ (If not a first floor residence indicate door(s) used to access)

Indicate North: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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**SALE OF PROPERTY**

**Name of Buyer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Usage:    Owner Occupied** \_\_\_\_\_ **Rental** \_\_\_\_\_



**City of Long Branch Building Department**  
344 Broadway  
Long Branch, NJ 07740



Phone 732 571-5690 Fax 732 571-2450

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner: \_\_\_\_\_

The building department has no open construction permits for the property listed above.

*For Office Use Only*

Bldg. Dept. Rep: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_