BOROUGH OF BEACHWOOD

OFFICE OF ZONING/CODE ENFORCEMENT
1600 PINEWALD ROAD
BEACHWOOD, NJ 08722
732-286-6000, EXT. 218 FAX: 732-286-6233

RENTAL PERMIT APPLICATION

ANNUAL INSPECTION FEE $80.00
CASH OR CHECK PAYABLE TO THE BOROUGH OF BEACHWOOD

RE-INSPECTION FEE (if unit fails) $20.00
INSPECTION WILL BE BETWEEN 10 AM and 4 PM

This form MUST be filled out with the BLOCK, LOT, NAME and ADDRESS for EACH rental unit and the DATE the unit will be ready for inspection. This form MUST be submitted to the Borough of Beachwood with the fee of $80.00. An additional fee of $20.00 will be charged for EACH re-inspection required. A courtesy guideline list is available to assist you for preparation of inspection. Please use this list so a re-inspection will not be necessary.

ALL PROPERTY OWNERS MUST COMPLETE A RENTAL PROPERTY REGISTRATION STATEMENT FORM FOR EACH CHANGE OF TENANT WITH THE BEACHWOOD BOROUGH'S ZONING/CODE ENFORCEMENT OFFICE.

Please check the appropriate items, which apply to your rental:

WATER SUPPLY: CITY _____ WELL _____ **SEE NOTE

TYPE OF RENTAL: SEASONAL _____ YEAR ROUND _____

FURNISHED _____ UNFIRNISHED _____

**NOTE: IF WELL WATER, OCEAN COUNTY HEALTH DEPARTMENT WATER ANALYSIS CERTIFICATION IS REQUIRED WITH APPLICATION.

All utilities (gas, water, and electric) MUST be on, including appliances and circuit breakers prior to the inspection or a twenty dollar ($20.00) re-inspection fee will be charged.
Every unit MUST have a smoke alarm on EACH level and a carbon monoxide detector within 10' of a sleeping area. Total electric units with no garage or gas DO NOT require a carbon monoxide detector.

RENTAL PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____ BLDG# _____ UNIT # _____ APT# _____

OWNER'S NAME: _____ PHONE # _____

OWNER'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____

RENTAL AGENT: _____ PHONE # _____

RENTAL ADDRESS: _____

LAST C.O#: _____ DATE ISSUED: _____

SIGNATURE: _____

OFFICIAL USE: DATE RECEIVED: _____ CASH ☐ or CHECK #: _____

APPLICATION #: _____ INSPECTION DATE: _____

CODE 610

LOG NUMBER_____

BEACHWOOD BUREAU OF FIRE PREVENTION
BOROUGH OF BEACHWOOD

1600 PINEWALD ROAD
BEACHWOOD, NJ 08722
(732) 286-6000, Ext. 221 or (732) 286-8390 Fax

APPLICATION FOR ONE AND TWO FAMILY DWELLING CERTIFICATE of SMOKE DETECTOR, CARBON MONOXIDE ALARM AND FIRE EXTINQUISHER

APPLICANT_____ PHONE #_____

PROPERTY ADDRESS_____ BLOCK_____ LOT_____

SCHEDULED INSPECTION DATE:_____

ADULT (OVER 18) MUST BE PRESENT FOR INSPECTION

Before any use Group R-3 or R-4 structure is sold, leased, rented or otherwise made subject to a change of occupancy for residential purpose, the owner shall obtain a Certificate of Smoke Detector, Carbon Monoxide Detector and provide the dwelling with a portable fire extinguisher (P.L. 1991, c.92(c.52:27D-198.1)). No Certificate shall be issued until inspection of the structure indicates compliance (N.J.A.C. 5:70-2.3 and 4.19(d)). A Certificate is non-transferable, and if the change of occupancy specified in the application does not occur within six months, a new application shall be required.

Smoke detectors shall be placed on each level of the dwelling including basements. A smoke detector and Carbon Monoxide Alarm shall be outside of each separate sleeping area; and within 10 feet of bedrooms.

At least one portable fire extinguisher shall be installed in all one and two family dwellings upon change of occupancy.

- -The extinguisher shall be listed, labeled, charged, and operable.
- -The size shall be no smaller than 2A:10b:C, rated for residential use and weigh no more than 10lbs.
- -The hangers or brackets supplied by the manufacturer must be used.
- -The extinguisher must be located within 10 feet of the kitchen
- -The top of the extinguisher must not be more than 5 feet above the floor.
- -The extinguisher must be visible and in a readily accessible location, free from being blocked by furniture, storage, or other items.
- -The extinguisher must be near a room exit or travel path that provides an escape route to the exterior.
- -The extinguisher must be accompanied by an owner's manual or written information regarding the operation, inspection, and maintenance of the extinguisher and the operating instructions must be clearly visible.

This inspection shall be conducted by a Fire Inspector within the Borough of Beachwood, Bureau of Fire Prevention. The detectors required above shall be located in accordance with the NFPA 74. The detectors are not required to be interconnected. Battery powered detectors are acceptable. NOTE: Homes constructed after January 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order. See diagram on reverse side for further information regarding installation.

_____

_____ **OFFICIAL USE ONLY** _____

_____

DATE OF INSPECTION_____ INSPECTED BY:_____

PASS/FAIL_____

IF FAILED, DATE OF REINSPECTION_____ INSPECTED BY:_____

DATE CERTIFICATE MAILED_____ FIRE OFFICIAL'S APPROVAL_____

(SEE REVERSE SIDE)

WHERE TO LOCATE DETECTORS:

Detectors are to be located on every level of a residence, (basement, first floor, second floor) excluding crawl spaces and unfinished attics, and in every sleeping area, between sleeping areas and living areas such as the kitchen, garage, basement or utility room. All detectors **must be** in working order. In homes with only one sleeping area on the floor, a detector is to be placed in the hallway outside the bedrooms as shown in Figure 1. In single level homes with two separate sleeping areas, two detectors are required outside each sleeping area as shown in Figure 2. In multi-level homes, detectors are be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level detectors are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

WHERE NOT TO LOCATE DETECTORS:

To avoid false alarms and/or improper operation, avoid installation of smoke detectors in the following areas:

*Kitchen-smoke from cooking may cause a nuisance alarm.
*Bathrooms-excessive steam from shower may cause nuisance alarm.
*Near forced air ducts-used for heating or air conditioning-air movement may prevent smoke from reaching detector.
*The 4 inch "Dead Air" space where the ceiling meets the wall as shown in Figure 5.
*The peak of an "A" frame type of ceiling-"Dead-Air" at the top may prevent smoke from reaching the the detector.

FURTHER INFORMATION ON DETECTOR PLACEMENT:

For further information about smoke detector placement consult the National Protection Association's Standard No. 74-1984, titled "Household Fire Warning Equipment." For Carbon Monoxide alarms, their publication is Recommended Practice #720. These publications may be obtained by writing to the Publication Sales Department, National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

Carbon Monoxide alarms are to be located in every separate sleeping area per NFPA 720 and manufacturer's recommendations.

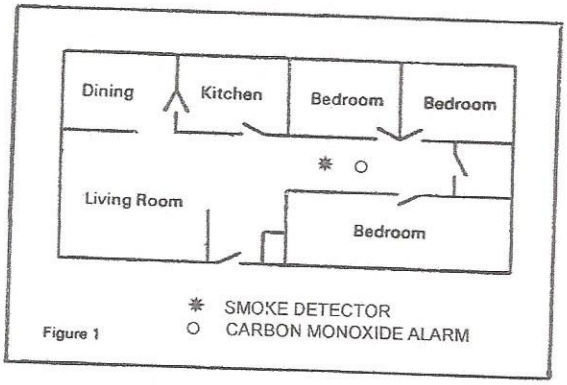

Figure 1

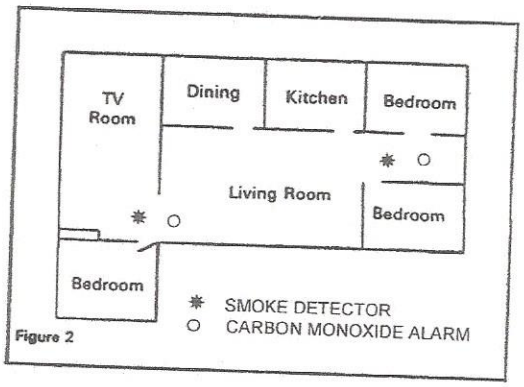

Figure 2

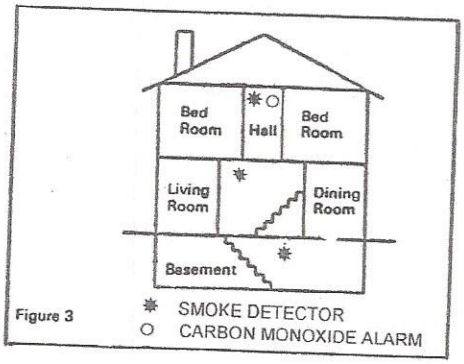

Figure 3

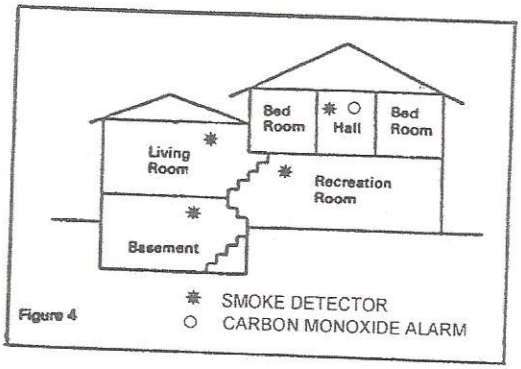

Figure 4

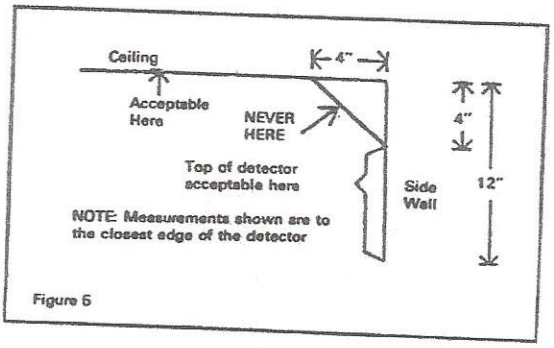

Figure 5

TENANT INFORMATION SECTION:

For EACH Rental Unit - you MUST provide the NAME, AGE, and GENDER of EACH and EVERY TENANT in each unit, including children. The information contained in the Rental Property Registration Statement must include all tenants. Attach additional sheets if necessary.

Block	Lot	Street Number	Street Name

Apartment/Unit #	Building # (if applicable)	# of Bedrooms	# of Tenants

Last Name	First Name	Age	Gender

FLOOR PLAN SECTION:

Block Number	Lot Number	Street Number	Street Name

For EACH Unit - Please provide below, a floor plan of each unit, which shall depict the number, dimensions and location of each room in the unit. No space shall be used for sleeping purposes which has not been so designated as a sleeping area on the sketch provided by the owner, which shall be on file with the Zoning Office. Attach additional sheets, if needed.

BOROUGH OF BEACHWOOD
LANDLORD RENTAL PROPERTY REGISTRATION STATEMENT

REGISTRATION STATEMENT IN COMPLIANCE WITH P.L. 1974 CHAPTER 50, LAWS OF THE STATE OF NEW JERSEY AND ALL AMENDMENTS THERETO

To be filed in the office of the Municipal Clerk of the Borough of Beachwood, 1600 Pinewald Road, Beachwood, NJ 08722. This registration statement must be filed, on an annual basis and within thirty (30) days of the creation of the first tenancy in any newly constructed or reconstructed building. In the case of a two-family dwelling unit non-owner occupied premises or with the Bureau of Housing Inspection in the Department of Community Affairs in the case of a multiple dwelling as defined in N.J.S.A. 55:13a-3.

ATTENTION LANDLORD: YOU MUST SECURE A RENTAL PERMIT WITH THE ZONING/CODE ENFORCEMENT OFFICE and A SMOKE DETECTOR AND CARBON MONOXIDE CERTIFICATION WITH THE BUREAU OF FIRE PREVENTION

RENTAL PROPERTY INFORMATION:

Block Number	Lot Number	Street Number	Street Name

Building # (if applicable)	Total # of Units per Bldg.	Heating Source: (please circle one)
		Natural Gas Electric Propane Fuel Oil

If fuel oil is used—Please provide below the name and address of the fuel oil dealer servicing the unit and the grade of fuel oil used:

Fuel Oil Dealer	Grade of Oil

OWNER INFORMATION:

Please list below the name and address of all record owners of the real property, building or of the rental business (including all general partners in the case of a partnership and all members in the case of a Limited Company and all shareholders-in-the case of a Corporation).

Owner's First Name	Owner's Last Name

Owner's Mailing Address

City	State	Postal Code

Home Phone	Work Phone	Mobile/Pager

Corporation/Partnership Name (if applicable):

List any additional owners and addresses (if applicable):

List below the names and addresses of all holders of recorded mortgages on property:

(over)

BOROUGH OF BEACHWOOD
LANDLORD RENTAL PROPERTY REGISTRATION STATEMENT

Please provide below the name, addresses and telephone number of a person who resides in Ocean County and is authorized to accept notices from a tenant or municipality, to issue receipts for these notices and to accept service of process on behalf of the record owner, and who can also serve as an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency with authority to make emergency decisions concerning the building or unit, including the making of repairs.

Authorized Agent/Emergency Contact Name:

Authorized Agent/Emergency Contact Address:

Authorized Agent/Emergency Contact Phone: (provide any numbers where this person might be reached)

MANAGING AGENT INFORMATION:

If applicable: please provide below the name, address and phone number of the managing agent, and if applicable, the name address and phone number of the superintendent, janitor, custodian or other person employed to provide regular maintenance services.

Managing Agent Company or First Name:	Last Name:

Managing Agent's Address:

Managing Agent's Work Phone:	Managing Agent's Mobile Phone:	Managing Agent's Fax Number:

TENANT INFORMATION SECTION:

Name of Tenant.

Telephone Number of Tenant

TENANT INFORMATION SECTION:

Name of Tenant.

Telephone Number of Tenant

SIGNATURE _____ DATE _____

REMINDER: YOU MUST SECURE A RENTAL PERMIT WITH THE ZONING/CODE ENFORCEMENT OFFICE and A SMOKE DETECTOR AND CARBON MONOXIDE CERTIFICATION WITH THE BUREAU OF FIRE PREVENTION