

## GALLOWAY TOWNSHIP

Department of Housing  
300 East Jimmie Leeds Road  
Galloway Township, N.J. 08201  
(609) 652-3700 ext.241,249 Fax (609) 652-2027

**APPLICATION FOR  
CONTINUED CERTIFICATE OF OCCUPANCY  
RENTAL  
FEE FOR INSPECTION \$50.00**

DATE: \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ C \_\_\_\_\_

INSPECTION ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PHONE # \_\_\_\_\_

OCCUPANTS NAMES AND AGES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON TO SCHEDULE APPOINTMENT: \_\_\_\_\_  
PHONE # \_\_\_\_\_

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

- You ***must*** supply this office with names & ages of all occupants, and attach a copy of the lease to this application.
- When a rental unit has a fireplace, a chimney certification by a licensed professional must be submitted; also certification that the dryer vent has been cleaned. In lieu of these certifications a notarized letter from the owner or managing agent will be accepted.
- The copy of the lease and the required certification(s) ***must*** accompany this application along with the fee. ***No*** exceptions.
- Smoke Detectors more than 10 years old must be replaced: (hardwired-hardwired)/

**BOTH SIDES OF THIS FORM MUST BE COMPLETED.**

**TOWNSHIP OF GALLOWAY**  
Landlord Registration Statement (N.J.S.A. 46:8-28)

Address of Property: \_\_\_\_\_

A) 1. Name and Address of Record Owner of the Premises:                      2. Name and Address of Record Owner of Rental Business


B) Name and Address of Registered Agent and Corporate Officers of the Said Corporation:


C) Name and Address of Person Authorized to Accept Notices from Tenants and to Issue Receipts therefore and to Accept Service of Process: **MUST BE ATLANTIC COUNTY RESIDENT**


D) Name and Address of Managing Agent                      E) Superintendent, Janitor or Custodian Name and Address:


F) Name, Address and Telephone Number of Person to Contact in Event of an Emergency:

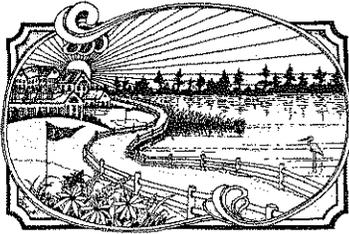

G) Name and Address of Holder of a Recorded Mortgage:                      H) Name and Address of Fuel Oil Dealer: Grade of Oil


\_\_\_\_\_  
**Date of Preparation:**

\_\_\_\_\_  
**Landlord's Signature:**

**Requirements**

- Dwellings built before April 4, 1991, smoke detectors are required on each level; including the basement; and within the vicinity of each separate sleeping area.
- If built after April 4, 1991 smoke detectors are required to be in each bedroom 110 volt interconnected with battery backup.
- Carbon Monoxide Alarm must be installed within 10 feet of the sleeping area(s).
- There must be a portable Fire Extinguisher, min. 2A 10BC 2 ½ to 5 lbs. dry chemical within 10ft. of the kitchen.
- If the Smoke and/or Carbon Monoxide detector(s) are more than 10 years old they must be replaced.



**GALLOWAY TOWNSHIP**  
Department of Community Development  
Construction, Code Enforcement, Housing, Planning, Zoning

300 East Jimmie Leeds Road, Galloway Township, N.J. 08205  
(609) 652-3700 Fax (609) 652-2027

**Richard Roesch**  
Director of Community Development  
Construction Official

**LANDLORD  
FIREPLACE AND DRYER VENT  
CERTIFICATION  
(ORDINANCE #153-11.2 H)**

I \_\_\_\_\_, OWNER/LANDLORD/MANAGING AGENT OF  
PROPERTY LOCATED AT \_\_\_\_\_.

DO CERTIFY THE FOLLOWING:

\_\_\_\_\_ DRYER AND DRYER VENT HAVE BEEN INSPECTED CLEANED AND ARE IN  
PROPER WORKING CONDITION.

\_\_\_\_\_ FIREPLACE/ CHIMNEY HAVE BEEN INSPECTED AND CLEANED AND ARE IN  
PROPER WORKING CONDITION.

I TAKE FULL RESPONSIBILITY FOR THIS EQUIPMENT AND ANY REPAIRS WHICH  
MAY NEED TO BE MADE ON A YEARLY BASIS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE

SEAL:

SWORN AND SUBSCRIBED BEFORE  
ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.