FEE \$250

CERTIFICATE OF INSPECTION TOWNSHIP OF MILLSTONE CONSTRUCTION DEPARTMENT 470 STAGECOACH RD 732-917-2953 FAX 609-208-2083

BLOCKLOT	SURVEY	
ADDRESS OF PROPERTY:		
PROPERTY OWNER:		
ADDRESS OF OWNER		
PHONE #	APPROX. DATE OF CLOSING:	
PERSON TO CONTACT PHONE #		
EMAIL ADDRESS		
AGENT INFORMATION		
OWNER SIGNATURE X		
<u>R</u>	REASON FOR CHANGE OF OCCUPANCY:	
RESIDENTIAL/ COMMERCIAL:	RENTAL RESALE	
	FOR OFFICE USE ONLY	
INSPECTION DATE:		
() BUILDING [P/F] () FIR	RE [P/F] () ELECTRICAL [P/F]	() PLUMBING [P/F]
CN # PE	RMIT #	
DATE PAID	CHECKCREDIT CARDOTH	IER
FEES RECEIVED BY		
R. SCOTT D'AMICO	DATE	

CONSTRUCTION OFFICIAL

R. SCOTT D'AMICO_	DAT	E
CONSTRUCTION OFFICIAL		

COPY OF SURVEY MUST BE INCLUDED WITH ALL APPLICATIONS

PERMIT IS TO BE FILLED OUT AND EXECUTED, UNDER OATH, BY EACH OWNER OF RECORD OF THE PROPERTY, IN THE PRESENCE OF ONE AUTHORIZED TO TAKE OATHS IN N.J (Generally a Notary Public or Attorney at Law of N.J.). ** ALLOW APPROXIMATELY TWENTY (20) BUSINESS DAYS TO COMPLETE THE CERTIFICATE PROCESS **.

<u>MILLSTONE TOWNSHIP FIRE DEPT 609-259-2560:</u> INSPECTION REQUIRED ON <u>ALL</u> RESIDENTIAL RESALE AND RENTALS. FIRE DEPARTMENT CERTIFICATE IS REQUIRED BEFORE FINAL COI CERTIFICATE IS ISSUED. FORWARD COPY OF FIRE CERTIFICATE TO <u>CONSTRUCTION@MILLSTONENJ.GOV</u>. PUT ADDRESS IN SUBJECT AREA.

MONMOUTH COUNTY BOARD OF HEALTH: INSPECTION REQUIRED ON <u>ALL</u> RESIDENTIAL RENTAL PROPERTIES AND RENTAL /RESALE COMMERCIAL PROPERTIES. 732-431-7456.

BEFORE RESIDENTIAL PROPERTY IS RENTED, WE MUST HAVE IN OUR FILE, MONMOUTH COUNTY HEALTH DEPARTMENT CERTIFICATE (WELL & SEPTIC APPROVAL) & FIRE DEPT. CERTIFICATE & LANDLORD REGISTRATION. LEAD CERTIFICATE IS REQUIRED IF HOUSE BUILT BEFORE 1978.

NO INSPECTIONS WILL BE SCHEDULED UNLESS ALL ABOVE ITEMS ARE RECEIVED

HOUSE NUMBERS: MUST BE 3" REFLECTIVE AND BE POSTED WITHIN 10 FEET FROM ROAD/STREET,

WRITTEN WORDS ARE NOT ACCEPTABLE.

STEPS & LANDINGS OPEN PORTION OF A STAIR, LANDING OR BALCONY WHICH IS MORE THAN 30"

(THIRTY INCHES) ABOVE THE FLOOR OR GRADE SHALL HAVE GUARD RAILS.

STAIRS MUST BE IN SOUND AND GOOD CONDITION.

RAILINGS HANDRAILS AND GUARDRAILS SHALL BE FIRMLY FASTENED AND CAPABLE OF

SUPPORTING NORMALLY IMPOSED LOADS AND SHALL BE MAINTAINED IN

GOOD CONDITION. (WHERE REQUIRED)

WASHER/DRYER MUST DISCHARGE INTO A DRAINAGE SYSTEM, NOT ON THE GROUND OR INTO A

SUMP PUMP. DRYER MUST BE VENTED TO THE EXTERIOR WITH A METAL PIPE

OR FOIL FLEX FROM THE MACHINE.

GARBAGE DISPOSALS NOT ALLOWED.

HVAC UNITS MUST BE OPERATIONAL AND CONNECTED TO A THERMOSTAT. AREA AROUND

UNITS MUST BE FREE AND CLEAR OF STORAGE AND/OR DEBRIS.

GARAGE DOOR FROM HOUSE TO THE GARAGE MUST BE MAINTAINED IN OPERATIVE

CONDITION. THERE MUST NOT BE ANY EXTENSION CORDS HOOKED UP TO THE

GARAGE DOOR OPENERS.

FIREPLACE CHIMNEY CAPS ARE REQUIRED AND FOR ALL WOOD BURNING FIREPLACES, AT LEAST

A LEVEL 1 INSPECTION IS REQUIRED BY A CERTIFIED CHIMNEY SWEEP.

ROOF NO LEAKS, NO MISSING SHINGLES, NO EXCESSIVE CURLING

STOVE/RANGE MUST BE OPERATIONAL WITH KNOBS AND HARDWARE

FLOORS SMOOTH AND FREE OF TRIPPING HAZARDS

PLUMBING FIXTURES SHALL BE PROPERLY INSTALLED, CONNECTED AND MAINTAINED IN

WORKING ORDER. WATER HEATER MUST BE IN WORKING ORDER.

ELECTRICAL ALL RECEPTACLES (OUTLETS), SWITCHES AND JUNCTION BOXES MUST BE

PROPERLY COVERED. EXTENSION CORDS ARE NOT PERMITTED. A CLEAR AND UNOBSTRUCTED PATH TO THE PANEL BOX, OPEN SLOTS MUST BE PROPERLY

BLOCKED AND SERVICE CABLE MUST BE IN GOOD CONDITION.

THERE MUST NOT BE ANY EXTENSION CORDS HOOKED UP TO THE

GARAGE DOOR OPENERS.

GFI PROTECTION REQUIRED FOR:

ALL KITCHEN COUNTERS GFI - 6' FROM ANY SINK

ALL BATHROOMS

BASEMENT (UNFINISHED)

ALL INCANDESCENT LAMPS IN CLOTHES CLOSETS MUST HAVE SEALED LENSES

GARAGE (BELOW 6' 8") EXTERIOR OF BUILDING

WHIRLPOOL TUBS & HOT TUBS MUST BE GFI PROTECTED

YARD & PROPERTY CLEAN AND FREE OF DEBRIS, LAWNS AND LANDSCAPING MAINTAINED.

GENERAL CONDITIONS WALLS, CEILING, TRIM, PAINT, SIDING AND FENCES MUST BE IN GOOD AND SOUND CONDITION.

FENCE/POOL IF THERE IS AN INGROUND POOL ON THE PROPERTY THE FENCE MUST MEET POOL CODE.

ISPSC SECTION 305 IN THE CODE BOOK. TOP OF FENCE SHALL BE 48 INCHES ABOVE GRADE. VERTICAL CLEARANCE BETWEEN GRADE AND BOTTOM OF FENCE SHALL NOT EXCEED 2 INCHES FROM GRADE OF NON-SOLID SURFACES. (EX. STONE, MULCH) ON SOLID SURFACE SHALL NOT EXCEED 4 INCHES. THE GATES OF POOL AREA MUST OPEN OUTWARD AWAY FROM POOL AND MUST BE SELF CLOSING WITH A SELF LATCHING DEVICE. THE LATCHES

MUST BE 54 INCHES ABOVE GRADE AND SHALL REMAIN LOCKED WHEN NOT IN USE.

BLOCK:	_LOT:	-		
PROPERTY A	DDRESS:			

AFTER REVIEWING THE ABOVE LIST, ANSWER THE QUESTIONS BELOW.

- 1. DO YOU HAVE A FINISH BASEMENT WITH OR WITHOUT BATHROOM AND ALL PERMITS? (Y/N) IF "YES" CONTACT CHRIS LUBERTO MONMOUTH COUNTY HEALTH DEPARTMENT (732-431-7456 X7496).
- 2. DO YOU HAVE A GENERATOR WITH ALL PERMIT? (Y/N)
- 3. DO YOU HAVE ANY ACCESSORY STRUCTURE(S) WITH ZONING AND PERMITS IF REQUIRED? (Y/N)
- 4. DO YOU AGREE TO BE BOUND BY THE FOLLOWING PROVISIONS? (Y/N)
- 5. OWNER(S) ACCEPTANCE
 - a.) Owner(s) agree to release, indemnify, defend and hold harmless the Township of Millstone, its agents, officers and employees, from and against any and all claims, demands, losses, expenses, attorney fees, causes of action, judgments, lawsuits, proceedings, damages, and liability which may be asserted or claimed and which relate in any way to, or arise or result in any way from allowing the use of this form and procedure, or from any acts, misstatements, false statements or omissions (accidental or purposeful) of the Owner (s), its/their agents, officers and employees.
 - b.) Owner(s) understand that the filing of this statement with the Township is an accommodation in order to expedite the issuance of Certificates of Inspection. The Owner(s) have diligently inspected the property, or had it inspected by the appropriate professional(s) and take responsibility for the accuracy of and compliance with each standard/statement listed anywhere on this form.

COMMENTS:				
	COMMENTS:	COMMENTS:	COMMENTS:	COMMENTS:

I/WE, BEING OF FULL AGE DO HERBY CERTIFY AND SAY, UNDER OATH, THAT ALL OF THE FORGOING IS ACCURATE AND COMPLETE.

Owner Signature	
Owner Name (Print)	
Owner Signature	
Owner Name (Print)	PROPERTY ADDRESS
ACKN	NOWLEDGMENT
STATE OF:	
SS COUNTY OF:	
I CERTIFY that on personally, came before me and acknow	20,, ledged under oath, to my satisfaction, that he/she
(a) is named in and personally s	signed this document; and
(b) signed, sealed and delivered	d this document as his/her act and deed.
	NOTARY PUBLIC OF THE STATE OF NEW JERSEY

6. BUYER/TENANT(S) ACCEPTANCE

- a.) Buyer/Tenant(s) agree to release, indemnify, defend and hold harmless the Township of Millstone, its agents, officers and employees, from and against any and all claims, demands, losses, expenses, attorney fees, causes of action, judgments, lawsuits, proceedings, damages, and liability which may be asserted or claimed and which relate in any way to, or arise or result in any way from allowing the use of this form and procedure, or from any acts, misstatements, false statements or omissions (accidental or purposeful) of the Buyer/Tenant (s), its/their agents, officers and employees.
- b.) Buyer/Tenant (s) understand that the filing of this statement with the Township is an accommodation in order to expedite the issuance of Certificates of Inspection. The Buyer/Tenant(s) have diligently inspected the property, or had it inspected by the appropriate professional(s) and take responsibility for the accuracy of and compliance with each standard/statement listed anywhere on this form.

e). <u>COMMENTS:</u>		

I/WE, BEING OF FULL AGE DO HERBY CERTIFY AND SAY, UNDER OATH, THAT ALL OF THE FORGOING IS ACCURATE AND COMPLETE.

Buyer/Tenant Signature	
Buyer/Tenant (Print)	
Buyer/Tenant Signature	
Buyer/Tenant (Print)	Purchase/Rental Property Address
Email Address	Telephone#
	ACKNOWLEDGMENT
STATE OF	: :
SS COUNTY OF	· :
I CERTIFY that on personally, came before me and ac	20 <u>,</u> knowledged under oath, to my satisfaction, that he/she
(a) is named in and person	nally signed this document; and
(b) signed, sealed and deli	ivered this document as his/her act and deed.
	NOTARY PUBLIC OF THE STATE OF NEW JERSEY