



TOWNSHIP OF SOUTH BRUNSWICK

Municipal Building • P.O. Box 190 • Monmouth Junction, NJ 08852-0190

Phone
732-329-4000
Ext. 7217
Fax
732-274-2084

CERTIFICATE OF COMPLIANCE APPLICATION (CHAPTER 22-345)

Complex name _____ Certificate No. _____
(If applicable)

Check One: () Initial Inspection \$80.00 () Re-Inspection \$45.00(if failed)
() Affordable Housing No Fee

Street Name of Rental Unit: _____ Apt. No.: _____ Bldg. #: _____

Owners Name: _____ Phone No. _____

Owners Address: _____

Managing Agents (if different from above): _____

Tenants Name (s): _____
(Tenant name is required before inspection can be conducted)

Contact Person in Charge: _____ Phone No. _____

Contact E-Mail: _____

Smoke Detectors: () Yes # of units _____ 2A 10BC Fire Extinguisher () Yes

Carbon Monoxide Detectors: () Yes Locations: _____

() I understand that working smoke detectors are required.

() I agree to advise the tenant that smoke detectors are required and must be operational at all times.

An inspection is authorized in accordance with Section 22-346 of the South Brunswick Township Housing Code. If the dwelling unit was built prior to 1978, a lead free paint certification may be required before unit may be rented. Corrections of any violations will be the owner's responsibility.

Requested inspection date for the above address: _____

Note: Checks/money orders must be payable to the Township of South Brunswick.

For Office Use:

Initial Fee: \$ _____ Date: _____

() Cash () Check No. _____

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Receipt# _____