



TOWNSHIP OF JACKSON
CODE ENFORCEMENT
65 DON CONNOR BLVD
MAILING ADDRESS: 95 W. VETERANS HWY
JACKSON, NJ 08527
(732) 928-1200 x1293/1295 FAX (732) 833-0603

RENTAL CCO APPLICATION
PAYMENT MUST ACCOMPANY APPLICATION
VOID AFTER 6 MONTHS

INSPECTION FEE IS \$100 WHICH INCLUDES INITIAL INSPECTION AND ONE RE-INSPECTION. EACH ADDITIONAL REINSPECTION WILL BE \$25. FAILURE TO OBTAIN A CCO AND COMPLY WITH THE CODE OF THE TOWNSHIP OF JACKSON, [CHAPTER 233, HOUSING STANDARDS] WILL BE SUBJECT TO A FINE OF UP TO \$500. CHECKS, CASH AND MONEY ORDERS ARE ACCEPTED. PERSONAL CHECKS MUST CONTAIN DRIVERS LICENCE NUMBER.

PLEASE PRINT OR TYPE **REFERENCE #** _____

BLOCK _____ LOT _____

ADDRESS TO BE INSPECTED _____ NAME OF BUILDING OWNER _____

ADDRESS OF OWNER _____ HOME PHONE# _____ BUSINESS PHONE# _____

_____ NAME OF COMMUNITY _____

SIGNATURE OF OWNER OR AGENT _____ DATE _____ PRINT AGENT NAME _____

AGENT PHONE # _____ RENTAL CCO _____ RENTERS NAME _____

TYPE OF WATER SUPPLY: PUBLIC WATER ___ PRIVATE WELL ___ PLEASE NOTE: ORIGINAL (WHITE COPY) OF THE WATER CERTIFICATION FROM THE OCEAN COUNTY BOARD OF HEALTH MUST BE SUBMITTED BEFORE THE CONTINUED CERTIFICATE OF OCCUPANCY IS ISSUED.

FOR OFFICE USE ONLY

REQUESTED DATE OF INSPECTION _____

1) TIME NOTIFICATION DATE _____ TIME OF INSPECTION _____ CONTACT MADE (YES) ___ (NO) ___

TO WHOM _____ VOICE MAIL (YES) _____ CALL MADE BY _____

2) TIME NOTIFICATION DATE _____ TIME OF INSPECTION _____ CONTACT MADE (YES) ___ (NO) ___

TO WHOM _____ VOICE MAIL (YES) _____ CALL MADE BY _____

3) TIME NOTIFICATION DATE _____ TIME OF INSPECTION _____ CONTACT MADE (YES) ___ (NO) ___

TO WHOM _____ VOICE MAIL (YES) _____ CALL MADE BY _____

1) FAILED INSPECTION DATE _____ INSPECTED BY _____

2) FAILED INSPECTION DATE _____ INSPECTED BY _____

3) FAILED INSPECTION DATE _____ INSPECTED BY _____

PRIVATE WATER APPROVAL _____ LANDLORD REGISTRATION _____ ASSOCIATION LETTER _____

EXISTING VIOLATION (LIST ON BACK) Y N SELLER PAID FOR CCO _____ BUYER PAID FOR CCO _____

ALL DOCUMENTS SUBMITTED (YES) ___ (NO) ___ APPROVAL DATE _____ INSPECTOR _____

TYPE OF PAYMENT CASH ___ CHECK# _____ MONEY ORDER # _____ RECEIPT # _____

ADDITIONAL RE-INSPECTION PYMT CASH ___ CHECK# _____ MONEY ORDER# _____

NOTICE TO APPLICANT

A CONTACT NAME AND # IS REQUIRED _____.

Someone must be present if there are personal belongings within. NO CCO WILL BE ISSUED WITH ANY OPEN PERMITS/VIOLATIONS. THERE IS A 10-DAY WINDOW FROM THE TIME OF INSPECTION TO THE ISSUANCE OF A CCO.