



MANCHESTER TOWNSHIP

1 COLONIAL DRIVE • MANCHESTER, NJ 08759 • (732) 657-8121
DEPARTMENT OF INSPECTIONS, LAND USE & PLANNING

GARY T. SYLVESTER
DIRECTOR

ROBERT ARACE
MAYOR

New Jersey Uniform Fire Code
Certificate of Smoke Alarm, Carbon Monoxide Alarm, and Portable Fire Extinguisher Compliance
One and Two Family or Attached Single Family Dwellings

Rental Inspection Application

A. BUREAU INFORMATION – APPLICANT: Complete Section A ONLY. Please Print.

Payments: \$100.00 Inspection \$150.00 Inspection within 5 working days
 \$200.00 Inspection Next Working Day

***** Units deficient for a Fire Ext., Smoke Alarm & Carbon Monoxide will result in a \$100 Re-inspection Fee *****

CHECKS MADE PAYABLE TO: *MANCHESTER TOWNSHIP*

ALL FEES ARE NON-REFUNDABLE.

\$50.00—Re-inspection Fee for Missed Appointment. A failed re-inspection shall result in an additional \$100.00 fee.

Rental Date: _____ Year Built: _____ ***** If built prior to 1978 – a Lead certificate is required. *****

Block: _____ Lot: _____ Village or Co-Op: _____ Number of Bedrooms: _____

Address of Inspection: _____

Owner Name: _____ ***** A copy of the Landlord Driver's License is Required *****

(If Owner is LLC, must include name & identification of registered agent.)

Address (if different from above): _____

City and State: _____ Telephone: _____

Contact Person Handling Inspection (if different from above): _____

Address: _____ City and State: _____ Telephone: _____

Tenant Name(s): _____

Tenant Phone Number: _____ Landlord Registration on File: Yes No

Dwelling: Vacant Occupied Basement Crawl Space Slab Attic

Smoke Alarm(s): Hardwired Single Station Hardwired Interconnected Battery Operated Wi-Fi

Carbon Monoxide Alarm(s): Fire Extinguisher: Not Less Than—2A:10BC

Water Service Municipal Well If yes, Cert. Provided?

Fireplace/Chimney No Yes If yes – cert. provided? Gen. Liability Insurance received?

Open Permits: [Yes] [No] Permit Number: _____

***** Properties with open permits cannot accelerate fees *****

B. FOR OFFICE ONLY

Collected by: _____ Check No.: _____ Cash: _____ Receipt No.: _____

Date Received: _____ Inspection Date: _____