



MANCHESTER TOWNSHIP

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DEPARTMENT OF INSPECTIONS, LAND USE & PLANNING

GARY T. SYLVESTER
DIRECTOR

JOSEPH T. HANKINS
MAYOR

New Jersey Uniform Fire Code
Certificate of Smoke Alarm & Carbon Monoxide Alarm 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 Smoke Alarm & Carbon Monoxide device 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

Email (for notification purposes): _____

Dwelling: Vacant Occupied Basement Crawl Space Slab Attic

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

Water Service Municipal Well If yes, Cert. Provided? Carbon Monoxide Alarm(s):

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: _____