

## Housing Paperwork Guidelines for Lakewood Township

The Housing Window is open from 8:30 AM until 4:00 PM

- ❖ Rental application must be completed and legible with all correct names, addresses, and phone numbers.
- ❖ If there is an Agent, an Owner's affidavit form must be filled out and **notarized**. (\*\*\*)Please note – owner is the only one required to notarize this form(\*\*\*)

If the property address is owned by a business (LLC, partnership, etc.) a Certificate of Ownership form must be filled out.

- ❖ If the owner of the property DOES NOT live in Ocean County, they MUST have an agent for that property that lives in Ocean County and the Owner's Affidavit form needs to be filled out and **notarized**. (N.J.A.C. 5:29-1.1)

An Affidavit of Residency form must be filled out, listing all tenants first and last names including children.

- ❖ A tenant CANNOT bring in the paperwork.
- ❖ If the property has a well, the well needs to be certified by a Well Certification Company with each new tenant and a copy of the well report along with the certification report must be submitted with your application.
- ❖ The Landlord Registration (For One- & Two-Unit Dwellings) needs to be filed with the Township Clerk's Office for each rental application through the SDL Portal System. Please visit: <https://www.lakewoodnj.gov/department/clerk> For any questions regarding the Landlord Registration Only, contact their office at 732-364-2500 ext. 5230. Multiple dwellings should be registered with the Department of Community Affairs.
- ❖ Please feel free to ask for a list of requirements. All units **must** be ready by 9 AM on the day of the inspection.

Effective July 22, 2022, a Lead-safe certification must be provided upon applying for a rental certificate of occupancy for any property built prior to 1978. If property was built during or after 1978, no lead certification is required.

You will be given an inspection date – for a 2 hour time frame, call Marilyn **between 8 AM and 9 AM** the morning of the inspection at 732-364-3760 ext. 5614.

**\*Please attach a copy of the owner and agent's driver's license.**



# Township of Lakewood

## DEPARTMENT OF INSPECTIONS

212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

*JEREMY KUIPERS*  
*Construction Official*

OFFICE HOURS  
8:00-4:30 Mon. – Fri.

Dear Sir or Madam:  
RE: Lead Certification

Please be advised that last July the Government signed P.L. 2021, c. 182 into law. This lead addresses lead based paint in rental housing.

The Act takes effect on July 22, 2022. The full text of the act is available online at:  
<https://pub.njleg.state.nj.us/Bills/2020/PL21/182 .PDF>

The act imposes an obligation on municipalities that maintain permanent local agencies for the purpose of conducting inspections and enforcing laws, ordinances, and regulations concerning building and structures, to perform inspections of certain single-family, two family, and multiple rental dwellings for lead base paint hazards, at times specified in the act. A municipality shall permit dwelling owners/landlords to directly hire a certified lead evaluation contractor for this purpose. If lead-based paint hazards are identified, then the owner of the dwelling shall remediate the hazards through abatement or lead-based paint hazard control mechanisms.

Effective July 22, 2022, a Lead-safe certification must be provided upon applying for a rental certificate of occupancy for any property built prior to 1978. If a property is found to have lead and deemed clear through lead abatement, that certification is valid for two years and will need to be re-inspected. If property was built during or after 1978, no lead certification is required.

Sincerely,  
**LAKEWOOD INSPECTION DEPARTMENT**

*Jeremy Kuipers*  
Construction Official

## LAKWOOD TOWNSHIP – RESIDENTIAL RENTAL CERTIFICATE OF OCCUPANCY INSPECTION REQUIREMENTS

Housing Code is greatly condensed here and is intended as a guide for your convenience. Rental Units are to be inspected BEFORE THEY ARE OCCUPIED. Occupancy of a rental unit is not allowed until a Certificate of Occupancy has been issued. \*\*\*\* **PLEASE NOTE: UNIT SHOULD BE VACANT PRIOR TO SCHEDULED INSPECTION – ALL RENTALS ARE TO BE CLEAN AND MOVE-IN READY BY 9AM THE DAY OF THE INSPECTION.** \*\*\*\*

### INTERIOR

1. Portable approved water supply.
2. Toilet, tub, shower must afford privacy.
3. Plumbing fixtures must be in good working order.
4. Hot & cold water to sinks and tubs. (Note – hot water **MUST** be on the left side)
5. Heating equipment properly installed and in working order.
6. Egress safe and unobstructed.
7. Bedrooms must be 70 sq. feet of floor area for a single bedroom occupant.
8. No room can be used as a bedroom if the traffic pattern dictates the other members of the household can travel through violating privacy.
9. Floors, carpets, foundation, walls, ceilings, doors, windows are all clean and in good working order.
10. All doors, windows, closets, and cabinets must be capable of the use in which they were designed. Namely, to open and close, eliminate drafts, provide ventilation when needed, to latch closed and be able to lock.
11. There must be at least two electric outlets per room and in good working condition.
12. Leaking drains and faucets must be repaired.
13. Refrigerators must be working and on site unless a lease or letter from a tenant state otherwise.
14. Stove must be working and on site with every burner working in good condition. Anti-tip device **must** be in place.
15. Three or more steps **MUST** have a handrail.
16. Foundation, floors, and walls are clear of dampness.
17. Free of rodents.
18. Windows must have screen from May 1<sup>st</sup> to October 1<sup>st</sup>.
19. Paint/Wallpaper is in good condition.
20. Kitchen/bathroom floors are impervious to water.
21. Termite report may be required.
22. Solid core door or sheathing on door from garage to house.
23. No extension cords, spliced cords, or adapter outlets for garage door openers.
24. Front door deadbolt cannot be doubled-key deadbolt Latch to Key.
25. Smoke detectors must be located on each floor, including the basement and finished attics. Smoke detectors must be located inside each bedroom if the dwelling was built after 1991. Smoke detectors shall not be located in the stairway and shall be under 10 years old.
26. Smoke detectors must be installed with a ten-year sealed battery in accordance with ANSI/UL217 unless the smoke detectors are hard wired.
27. Hard wired smoke detectors must have a battery operated back up system.
28. Smoke detectors must be mounted on the ceiling at least 4 inches from the wall or with the top of the detector no less than 4 inches or more than 12 inches below the ceilings highest point. They must also be 4 inches from any corner and a minimum of 3 feet from any air registers.

29. All smoke detectors and carbon monoxide alarms must be in working order.
30. If the residence was built with electric interconnected smoke alarms, they must remain that way. They cannot be replaced with battery.
31. Carbon Monoxide alarms must be mounted and located within 10 feet of all bedrooms and shall be under 5 years old. Combination Smoke Detectors/Carbon Monoxide shall be under 10 years old.
32. Any bedroom with an oil or gas appliance located inside a closet must also have a Carbon Monoxide Alarm.
33. If the dwelling has an attached garage, then a Carbon Monoxide Alarm must be within 10 feet of the bedrooms.
34. Portable fire extinguisher is defined to mean "an operable portable device, carried and operated by hand, containing an extinguisher agent that can be expelled under pressure for the purpose of suppressing or extinguishing fire" and which is: (1) rated for residential use consisting of a **2A:10BC** type; and (2) mounted within 10 feet of the kitchen area and must be visible from the kitchen, not in a pantry or laundry room, not expired or empty.
35. Fire extinguisher should be no higher than 5 feet from the floor and no bigger than 10 pounds.

### **EXTERIOR**

1. Windows, roof and other parts of the building are in good repair.
2. Decks, porches, and balcony have safe railings.
3. Roofs, walls, windows, exterior doors free from holes and leaks.
4. Premises are free from litter, garbage, rubbish, junk, and debris.
5. Lawns, hedges, and bushes are to be maintained and trimmed.
6. Fences are in good repair.
7. Driveway, steps, and sidewalk are to be in good repair.
8. Gutters and downspouts are to be in good repair.
9. Place street numbers on buildings – to be visible from road.
10. Pool fencing to meet code from original installation.
11. Tight fitting pool cover required when not in use.
12. Sheds, garages are to be in good repair.

### **OTHER REQUIREMENTS**

1. Well water must be tested and approved no more than six months before applying for a rental Certificate of Occupancy.
2. If oil is supplied, it must be tank tested for lean and certified by the company that tested the tank.
3. All open permits and/or violations must be closed before the inspection will be scheduled.
4. Property owner or an agent/manager must be onsite to operate all utilities.
5. Fire extinguisher must be visible and mounted within 10 feet of the kitchen, **2A:10BC** rated between 2 and 10 pounds.
6. When a new tenant moves into a single-family home, you **MUST** contact Public Works at 732-905-3405 to arrange for garbage collection and garbage containers.

**Lakewood Inspection Department**

**Phone: 732-364-3760**

**212 4<sup>th</sup> Street Lakewood, NJ 08701**

**Fax: 732-905-8112**

Applications are accepted from 8:30 am to 4:00 pm

FEE \$65.00

PLEASE WRITE LEGIBLY OR YOUR APPLICATION WILL NOT BE ACCEPTED

\*\*\* Application must be submitted with a copy of signed lease.

Rental Unit must be ready for inspection by 9:00 am on the day of inspection or a failure notice will be issued.

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Taken By: \_\_\_\_\_

**Rental Certificate of Occupancy Application**  
**Township of Lakewood**

Address to be inspected: \_\_\_\_\_ Unit: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

(D.L., State, or County ID Required)

(No P.O. Boxes)

City, State & Zip

Phone: (\_\_\_\_) \_\_\_\_\_

Agent/Contact: \_\_\_\_\_ Address: \_\_\_\_\_

(D.L., State, or County ID Required)

(No P.O. Boxes)

City, State & Zip

Phone: (\_\_\_\_) \_\_\_\_\_

Date Expected to Occupy: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

New Tenant Name: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Previous Rent: \_\_\_\_\_ New Rent: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Any Outstanding Permits?  Yes  No

Is there any construction being done that requires a permit?  Yes  No

**Landlord to Furnish**

Water:  Yes  No Gas:  Yes  No Electric:  Yes  No

Sewer/Septic Service:  Yes  No Well:  Yes  No Oil Tank on Premise:  Yes  No

Lead Safe Certification  Yes  No Year Home Built \_\_\_\_\_

\* Certification of Landlord's Registration must be filed with the Township Clerk in compliance with NJSA 46:8-28. This information must be updated as necessary to keep all information current. This information must also be furnished to the tenant.

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND THAT THE  
CERTIFICATION OF THE RENT IS POSTED WITH THE TOWNSHIP CLERK PERSUANT TO  
R.C.O. 13A-16

SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_  
OWNER OR DESIGNATED AGENT

\*\* Note: All items above must be completed or application will not be processed

**FOR OFFICE USE ONLY**

Application Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

C.O. # \_\_\_\_\_ Approved: \_\_\_\_\_

Inspector: \_\_\_\_\_

Failed: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Re-Inspection Fee Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

**PLEASE ATTACH COPY OF DRIVERS LICENSE OF OWNER AND AGENT**

# **AFFIDAVIT OF RESIDENCY**

I, \_\_\_\_\_, Owner/Agent of  
\_\_\_\_\_, hereby state that  
\_\_\_\_\_ will be leasing an apartment/ house at  
\_\_\_\_\_ in Lakewood, N.J.

The lease will begin on \_\_\_\_\_ pending rental  
Certificate of occupancy approval from the Township of Lakewood.

As per the resident's rental application, the household member(s) listed below is/are the only member(s)  
that should be residing in the aforementioned unit.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Township of Lakewood

## DEPARTMENT OF INSPECTIONS

212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

*JEREMY KUIPERS*  
*Construction Official*

OFFICE HOURS  
8:00-4:30 Mon. – Fri.

Dear Sir or Madam:

**Re: Certificate of Ownership for Corporations/Partnerships**

To maintain and keep up to date our records, the Township of Lakewood is asking for the following enclosed page of information regarding "Registered Property Owners" of all rental properties under the name of a Corporation/Partnership. Pursuant to the "Revised General Ordinance of the Township of Lakewood" Chapter 15 Section 3.2. You are required to inform this Agency of all interested parties by name and address.

This information is vital, so we ask that you fill out the form in its entirety and write legibly. You may have filled out this form in the past, but it is essential we keep our rental properties information current.

Thank you for your anticipated cooperation in this matter. If you have any questions, please call x5603.

Sincerely,

**LAKEWOOD INSPECTIONS DEPARTMENT**

A handwritten signature in black ink, appearing to read "Jeremy Kuipers", written over a horizontal line.

**Jeremy Kuipers**

Construction Official



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OFFICE HOURS  
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*JEREMY KUIPERS*  
*Construction Official*

### CERTIFICATE OF OWNERSHIP OF APPLICANT

AS REQUIRED BY THE REVISED GENERAL ORDINANCE OF LAKEWOOD TOWNSHIP

(Chapter 15- Section 3.2)

Listed below are names, addresses, and phone numbers of all owners of 10% or more of the stock/interest\* in the undersigned applicant corporation partnership. First person listed, copy of valid photo ID is required.

Corporation/ Partnership Name: \_\_\_\_\_

1. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
5. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Please check the appropriate box:

Corporation of N.J. ( )

Partnership ( )

LLC of N.J. ( )

Other ( ) Explain: \_\_\_\_\_

\* Where corporation partnership own 10% or more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names, addresses, and phone numbers of the non-corporate stockholders individuals partners exceeding the 10% ownership have been listed.

\_\_\_\_\_  
Signature of Officer/Partner                      Date

\_\_\_\_\_  
Print Name of Signature





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*JEREMY KUIPERS*  
*Construction Official*

### Owner's Affidavit

The ordinances of the Township of Lakewood require that any rental property that is owned by someone who is not a resident of Ocean County must designate a local agent who resides in the county. Any non-county property owner or any property owner who wishes to have an agent designated for a rental property should complete this Affidavit. Please return this form after it has been completed, signed by the owner and notarized. PLEASE BE AWARE THAT THE INSPECTION DEPARTMENT MUST BE INFORMED OF ANY CHANGES OF THIS INFORMATION AND A NEW FORM COMPLETED.

Very truly yours,

Lakewood Township Inspection Department

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Block \_\_\_\_\_ Lot \_\_\_\_\_ Date \_\_\_\_\_

Address of Rental Unit(s) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Agent's Name \_\_\_\_\_  
(PRINT) (PRINT)

Owner's Signature \_\_\_\_\_ Agent's Signature \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_.