Date of Application: _____ **CERT NO:** _____

Fee: 10+ Business days $110.00 + Smoke Fee **Fee Paid:** _____
4-10 Business days $ 155.00 + Smoke Fee
Less than 4 Days $245.00+ Smoke Fee **Cash or Check #** _____

BOROUGH OF KEYPORT – Code Enforcement Office
70 West Front Street, Keyport, NJ 07735
732-739-5135
Application for Housing and Building Code
Change of Occupancy – COMMERCIAL PROPERTY-Transfer of Title

The undersigned, hereby applies for a Housing Code Change of Occupancy and represents that the information supplied herein is true, knowing that is relied upon in the granting of this Change of Occupancy.

Owners Information

Name of Owner_____ **Phone #**_____

Owners Address_____**City**_____

State_____ **Zip** _____ **Phone #:**_____**Email**_____

Signature of Owner of Property: _____

Location of Premises being sold: _____

Block No. _____ **Lot No.**_____ **Qualifier**_____**Zone:** _____

Buyer Information

Name of Buyer _____ **Phone #**_____

Buyer Home Address_____**City/State/Zip**_____**Email**_____

APPLICATION SIGNED BY: _____

Business Information

Business Name: _____

Existing Use of Premise: _____

Proposed Use of Premise: _____

Building, Suite or Unit # _____

Inspection Date: _____ **Inspector:** _____

The Pearl of the Bayshore℠
Keyport
NEW JERSEY

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE ALARM & FIRE EXTINGUISHER COMPLIANCE

Date: _____ **Block: _____ Lot: _____**

Fee: $45.00 – if received over ten (10) business days prior to change of occupant.
$90.00 – if received four (4) to ten (10) business days prior to change of occupant.
$161.00 – if received less than four (4) business days prior to change of occupant.

Address of Inspection: _____

Current Owner: _____

Phone: _____ e-mail:_____

Address: _____

City: _____ State: _____ Zip: _____

Buyer's Name (if applicable):_____

Previous Address: _____

City: _____ State: _____Zip: _____

Agents Name/Address: _____

Firm Name/Address: _____

Applicants Signature: _____ Date: _____

Note: Homes constructed after January 1, 1997 provided with AC powered and/or interconnected detectors shall be maintained in working order. On each level of the dwelling, including basements; and outside each separate sleeping area, within 10 feet, and all smoke detectors. *Ten-year sealed battery-powered single station smoke alarms shall be installed and shall be listed in accordance with ANSI/UL 217, incorporated herein by reference. However, A/C-powered single or multiple-station smoke alarms installed as part of the original construction or rehabilitation project shall not be replaced with battery-powered smoke alarms. The effective date of this subsection shall be January 1, 2019.*
A Carbon Monoxide Alarm must be installed within 10 feet of all sleeping areas.
A minimum of a 5 lb. ABC Fire Extinguisher shall be installed in the kitchen and shall be installed in a visible and readily accessible location, free from being blocked. Fire extinguisher shall be mounted using brackets and hanger supplied by the manufacturer.

For Office Use Only:

Fee Paid: _____ Date of Inspection: _____ File # _____

Keyport Fire Prevention Bureau
70 West Front St. Keyport, NJ 07735
Ph: 732-739-5269 Fax: 732-739-3479