



# CITY OF PERTH AMBOY

DEPARTMENT OF CODE ENFORCEMENT

Helmin J. Caba, Mayor

Irving Lozada, Director

## CERTIFICATE OF CODE COMPLIANCE APPLICATION

**\*Note: All information must be provided or application cannot be processed**

**If no violation exists, a permanent Certificate of Code Compliance can be issued within (7) to (10) days.**

### **Property to be inspected**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

Is this property a: ☐ One Family ☐ Two Family ☐ Three Family ☐ Other: \_\_\_\_\_ Family

Is this property a Commercial: ☐ Yes ☐ No

Present Commercial Use: \_\_\_\_\_

Will the present use continue: ☐ Yes ☐ No

If the answer is no, please describe proposed use: \_\_\_\_\_

Is this property for: ☐ Sale ☐ Lease

### **Owner's Information**

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Purchaser or Tenant**

Purchaser or Tenant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **OFFICIAL USE ONLY**

Zone: \_\_\_\_\_ Approved Use: \_\_\_\_\_ Prior Cert. #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Tax review 1960 \_\_\_\_\_ 1970 \_\_\_\_\_ 1990 \_\_\_\_\_ 2006 \_\_\_\_\_ Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Jamie Rios, Zoning Officer

375 New Brunswick Avenue – Perth Amboy, NJ 08861

(P) 732-826-0183 – (F) 732-826-5830

www.perthamboy.nj.org



**EMERGENCY/CONTACT INFORMATION**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION**

**Purchaser's Information Only**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER(S): \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT THE FOLLOWING:**

1. FIRST CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT CELL NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

2. SECOND CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT CELL NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_



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## **FEES**

SINGLE DWELLING UNIT.....Housing \$40.00.....	Fire Prevention \$100.00
TWO DWELLING UNIT.....Housing \$80.00 .....	Fire Prevention \$150.00
THREE DWELLING UNIT .....	\$120.00
FOUR DWELLING UNIT .....	\$160.00
FIVE DWELLING UNIT OR MORE.....	\$40.00/UNIT

Rooming houses, motels and hotels: forty dollars (\$40) per unit with a minimum fee of two hundred dollars (\$200.00).

## **COMMERCIAL AND INDUSTRIAL BUILDING**

2,500 SQUARE FEET OR LESS.....	\$125.00
2,500 SQUARE FEET OR MORE.....	\$125.00 plus \$25 per each additional thousand square feet or part thereof

## **RE-INSPECTION FEES**

Residential Unit Re-Inspection.....	\$25.00/ UNIT
Common Area Re-Inspection.....	20% of Original Fee

## **RE-INSPECTION COMMERCIAL AND INDUSTRIAL BUILDING**

**20% of Original Fee**

MIXED OCCUPANCY FEES SHALL BE COMPUTED ON THE OCCUPANCY CATERGORIES LISTED ABOVE.

ANY CITIZEN HOLDING A SENIOR CITIZEN EXEMPTION UNDER N.J.S.A. 54:4-8.40 ET SEQ. SHALL BE EXEMPT FROM THESE FEES (ON THERE CURRENT TAX BILL. THERE IS A CODE S, D, R, OR SC, TO SHOW ONE OF THE ABOVE)

**PLEASE SUBMIT CHECKS OR MONEY ORDERS**

**CASH NOT ACCEPTED**



### **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** **CODE ENFORCEMENT CHECKLIST FOR INSPECTION**

Please note that this is only a guide.

#### **EXTERIOR CHECK**

1. No flaking or peeling paint
2. Must have street numbers: minimum of 3"
3. Foundations and exterior wall: no holes or cracks
4. All trim in good condition
5. Chimneys and towers in good repair
6. Windows free of breaks, cracks or holes
7. Oil tanks not in use must be removed or filled in accordance with the Code; must obtain permit.
8. Handrail and guards are tight and in good repair
9. All sidewalks and steps should be free of cracks and holes, hazardous conditions
10. All open permits must have completed, final approval.
11. All exterior outlets shall be G.F.I Permit required

#### **INTERIOR CHECK**

12. No cracks in door jams
13. All walls must have cracks filled, sanded (to uniform walls)
14. All trim must be painted
15. Flaking paint must be scraped and repainted
16. Windows must be operable and must stay in position when opened and contain window locks
17. Radiators and exposed pipes must be clean and safe
18. Carpeting must be clean and free of tears
19. If unit is paneled, all paneling must be secured to walls, not loose
20. Any tiles in drop ceiling which are stained or missing, must be replaced
21. All electrical wall and ceiling fixtures must have globes
22. Ground fault interrupters (GFI) must be installed in kitchens, baths and laundry rooms (within 6' of any water)
23. All electrical outlets and switches must have covers
24. All furnaces must have an emergency shut off marked with a red cover
25. All floors must be uniformed (stained, painted or covering)
26. Bath and kitchen must have non-porous floor covering (tile or linoleum, etc.)
27. All utilities must be clean and in working order (i.e, sink, stoves, bathtubs)
28. All plumbing fixtures must be operable
29. All windows and doors must be weather tight
30. All handrails must be secure; no broken or missing spindles
31. Door connecting garage to living space must be fire rated
32. All flue connections should be tight and sealed
33. Water heaters must have a pressure relief valve with an extension tube extended to within 6' of the floor



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34. Furnace should be in safe working condition
35. All kitchen and bath cabinets must be secured to walls and have a means to open and close (handles)
36. Units must be free of infestation
37. Units must be clean throughout and ready for occupancy
38. Fireplace and wood burning stoves must be certified to their condition by certified chimney sweep
39. All open permits must have a completed, passed inspection on file
40. No keyed locks or deadbolts are permitted on interior doors

Avoid a \$25.00 re-inspection fee. Correct any deficiencies before the inspectors make their inspection.

A NOTARIZED LETTER MUST BE PROVIDED BY THE **BUYER** STATING THAT ATTIC, BASEMENT, GARAGE IF APPLICABLE WILL NOT BE USED AS SLEEPING ROOMS OR AS A RENTAL UNIT(S)

STARTING NOVEMBER 1<sup>ST</sup> 2018 ALL PROPERTIES THAT ARE 2 FAMILY OR MORE MUST BE REGISTERED OR ANY 1 FAMILY THAT WILL BE PURCHASED AS A RENTAL PROPERTY MUST ALSO BE REGISTERED BY THE **BUYER**. PLEASE SEE RENTAL REGISTRATION FORM FOR FURTHER INSTRUCTIONS ON HOW AND WHERE TO REGISTER YOUR PROPERTY.

If a **conditional** 45 day certificate of code compliance is being requested, a notarized letter must be provided by BUYER stating that buyer is assuming any/all responsibilities to correct any/all violations found. Also note that a **conditional** certificate will not be issued with any fire violations.

Please note that this office **does not** accept cash, we accept checks or money orders.

**ALL SMOKE DETECTORS, CARBON MONOXIDE DETECTORS AND FIRE EXTINGUISHERS REGULATIONS AND PLACEMENT ARE LISTED IN THE PACKET**



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Received Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## **RENTAL PROPERTY REGISTRATION FORM**

Instructions:

Registration is valid for 1 year

❖ Return the completed application to:

By Mail/In Person

The Office of Housing & Social Services

1 Olive Street – 2<sup>nd</sup> Floor

Perth Amboy, NJ 08861

Monday – Friday 9:00 a.m. – 4:30 p.m.  
(732)826-4300

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Number of Rental Units: \_\_\_\_\_ [ ☐ ] New [ ☐ ] Renewal

### **PROPERTY OWNER INFORMATION**

[ <input type="checkbox"/> ] Individual Owner	[ <input type="checkbox"/> ] Partnership	[ <input type="checkbox"/> ] Corporation	[ <input type="checkbox"/> ] Limited Liability Corp.
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\*Partnership, Corporation, & LLC Ownership Types please attach separate list containing the name and address of each officer, director, stockholder or partner.

Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*An Agent must be designated for an owner that does not live in New Jersey or if the ownership type is a Partnership, Corporation, or LLC.

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Tenant/Occupant Information

Please indicate if the unit is owner occupied.

Owner Occupied ☐

Unit #	Number of Rooms	Number of Bedrooms	Number of Occupants	Monthly Rent	Lease Start Date	Check if Landlord Provides	Is the Unit Vacant
						Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupant Names							

## Tenant/Occupant Information

Please indicate if the unit is owner occupied.

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						Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupant Names							

## Certification

By signing below I certify under penalty of law that the information provided in this document is true and accurate. I confirm that all units that are currently or may be available for rent meet standard renting requirements.

Owner's Name (printed)

Owner's Signature

Date