BERKELEY TOWNSHIP
Pinewald-Keswick Road
P.O. Box B
Bayville, NJ 08721
Phone: 732-244-7400
Fax: 732-244-6227

Thurs
1/12
1-12

CERTIFICATE OF COMPLIANCE
RESALE

R-008977

Date Submitted: 01/11/23

Owner of Record: CLAUSEN, PETER M & ROBIN L

Property Address: 423 RIVERSIDE DR

Block/Lot/Qual: 1352. 36.

As of this date this serves notice that based on this general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy. This is to certify that this property has been inspected by the Township of Berkeley and is in compliance with the State of New Jersey Smoke Detector and Carbon Monoxide Regulations.

Date Issued: 1-12-23

Brian Kubiel
Fire Official

Kenneth Anderson
Code Enforcement Officer

Code Enforcement
627 Pinewald-Keswick Rd, PO Box B, Bayville, NJ 08721
732-244-7400 x1238

Township of Berkeley Certificate of Occupancy Application

Housing Inspection Fee: $55.00 Smoke/Carbon Fire Extinguisher Certification: $40.00

Two Separate checks both made payable to Berkeley Township

Transfer of Title Fee: $45.00 NON HABITABLE DWELLINGS ONLY

Re-Inspection Fee: $25.00

Flood Elevation Certificate Review Fee: $100.00 (only applicable if property is in a flood zone)

All fees must be paid prior to Housing Inspection

Resale X Rental_____ Transfer of Title_____

Block 1352 Lot 36

Property Address 423 Riverside Dr. Bayville, NJ 08721

Name of Buyer(s) or Tenants Daniel Jouett

One Family X Two Family_____ Building #_____ Condo/Apt#_____

Flood Elevation Certificate: Current sealed copy is required if the property is in a flood zone.

City Water X Well Water_____(Certificate required from OCHD if primary source)

Heat: Natural Gas X Electric_____ Propane Gas_____ Oil_____

Owner's Name Peter & Robin Clausen

Mailing Address 207 Cherry Hill Lane Broadheadville, PA 18322

Realtor Anita Morris

Certificate of Tight Tank (only required if above or below ground tank on premises) N/A

Homeowner's Association Age Approval Letter (Adult Communities Only) N/A

Landlord Registration Form (Rental Properties Only) N/A

☒ **I acknowledge that it is my responsibility to research any added assessments, open permits and/or vacant property registration fees. _____ Initial**

Anita Morris 01/10/23

Signature of Applicant **Date**

Someone must be present at the property at the scheduled time of inspection

Berkeley Township
627 Pinewald/Keswick Road
P.O. Box B
Bayville, NJ 08721

BERKELEY TOWNSHIP

BUREAU OF FIRE PREVENTION
Brian Kubiel, Fire Official
Phone: 732-244-7400 x1236

APPLICATION FOR ONE & TWO FAMILY
CERTIFICATION OF SMOKE DETECTOR / CARBON MONOXIDE COMPLIANCE
BERKELEY TOWNSHIP, OCEAN COUNTY.

Dwelling Location: Block 1352 Lot 36

Number & Street 423 Riverside Dr. Bayville, NJ

CONTACT PERSON: Name: Anita Morris Phone # 917-579-0691

Email Address: anita@keyrealestateny.com Fax # —

I, Anita Morris certify that the dwelling at the above location has smoke detectors installed and are in working order as stated below:

Smoke Detector Certification

- [✓] On each level of the dwelling including the basement; excluding attic or crawl space; and
- [✓] Outside each separate sleeping area; and
- [✓] All smoke detectors are in working order.

An inspection shall be conducted by an Inspector from the Township of Berkeley. The detectors above shall be located in accordance with NFPA 72. The detectors are not required to be interconnected. Battery Powered detectors are acceptable. Note: Home constructed after January, 1977 provided with AC powered and/or interconnected detectors shall be maintained in working order.

As per N.J.A.C. 5:70-2.3 as of 4/7/03 all Local Enforcing Agencies are required to inspect all one and two family homes for proper placement of Carbon Monoxide detectors prior to rental or resale of real property.

N.J.A.C. 5:70-2.3: No Municipal Certificate of Occupancy be issued for any Use Group R-3 or R-4 structure containing a fuel burning appliance and/or attached garage unless each dwelling unit contains at least one carbon monoxide alarm. Alarms may be battery operated, shall list in accordance with UL-2034 and must be installed in the ***immediate vicinity of sleeping areas*** as per NFPA-720

****NOTE:** All Boxes must be checked in order for certification to be valid.

Carbon Monoxide Certification

- [✓] Outside each Separate Sleeping area (within 10 feet of the bedrooms)
- [✓] All Carbon Monoxide Detectors are in working order

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Anita Morris
Applicant Signature

Anita Morris
Print Name

For Official use only

The cost for this certificate is $40.00 and the check should be made payable to Berkeley Township Fire Prevention.

Date Paid: _____ Check #: _____ Receipt #: _____

SMOKE CERTIFICATION: ____ _____-Failed _____ _____-Date(s) Failed

Reason for Failure: _____

Inspectors Signature upon passing Inspection: _____ Date: 1-12-23

CARBON MONOXIDE DETECTOR CERTIFICATION: ____ _____Failed _____ _____-Date(s) Failed

Reason for Failure: _____

Inspectors Signature upon passing Inspection: _____ Date: 1-12-23

TOWNSHIP OF BERKELEY

CODE ENFORCEMENT OFFICE
BAYVILLE, NEW JERSEY 08721
Telephone 732-244-7400, Ext. 1238

ORD. #90-17 ORB-HOUSING INSPECTION REPORT

Block _____
Lot (s) _____
Apt. No. _____
C. O. No. _____
Date _____

Owner Clausen _____ Apt./Condo Name _____

Address _____ Bldg. No. _____ Unit No. _____

City · State _____ Address _____

Owner Phone _____ Tenant _____

Realtor _____ Maximum Occupancy Load _____

Address 423 Riverside Dr Phone _____

TYPE OF PREMISES

- ☐ Single Family Dwelling
- ☐ Apartment Unit
- ☐ Condo Unit
- ☐ Other _____

HALLS AND LIVING ROOM		
1. WINDOWS		✓
2. SCREENS		✓
3. WOODWORK		✓
4. CLOSETS AND DOORS		✓
5. FLOORS		✓
6. CARPETING		✓
7. LIGHTING FIXTURES		✓
8. RECEPTACLE PLATES AND SWITCHES		✓
9. WALLS AND CEILINGS		✓
10. PATIO DOORS AND SCREEN		✓
11. SMOKE DETECTOR		✓
12.		
KITCHEN AND DINING AREA		
13. RANGE AND OVEN		✓
14. CABINETS AND FORMICA		✓
15. REFRIGERATOR		✓
16. SINK		✓
17. FAUCETS AND PLUMBING		✓
18. LIGHT FIXTURES		✓
19. RECEPTACLE PLATES AND SWITCHES		✓
20. FLOORS		✓
21. WINDOWS		✓
22. SCREENS		✓
23. DISHWASHER		✓
24. DISPOSAL		NONE
25. WALLS AND CEILINGS		✓
26. EXHAUST FAN		✓
27. HOT WATER TEMP.		✓
28. FIRE EXTINGUISHER		✓
GENERAL		
29. INFESTATION - INSECT/RODANTS		NONE
30. ENTRANCE DOOR		✓
31. SECURITY		✓
32. HAND RAIL		✓
33. HEATING SYSTEM		✓
34. WATER SUPPLY: WELL ☐ CITY ☐		✓
35. ELECTRIC/WATER SUPPLY (Shall Be On)		✓
OIL TANK CERTIFICATION		
WELL CERTIFICATION		
FLOOD ELEVATION CERT.		N/A
GARAGE DOOR OPENER		
EXTERIOR/PROPERTY		
36. EXTERIOR SURFACE (Foundation, Walls & Roof)		✓
37. HIGH GRASS AND WEEDS		✓
38. STAIRS/PORCHES/DECKS		✓
39. HAND RAILS		✓
40. BASEMENT/CRAWL SPACE COVERS		✓
41. SANITATION		✓
42. CONTAINERS (Garbage Rec/Recyclables)		✓
43. BULK HEAD		NONE

BEDROOM No. 1		
44. WINDOWS		✓
45. SCREENS		✓
46. CLOSETS AND DOORS		✓
47. RECEPTACLE PLATES AND SWITCHES		✓
48. FLOORS		✓
49. CARPETING		✓
50. WALLS		✓
51. CEILINGS		✓
52.		
BEDROOM No. 2		
53. WINDOWS		✓
54. SCREENS		✓
55. CLOSETS AND DOORS		✓
56. RECEPTACLE PLATES AND SWITCHES		✓
57. FLOORS		✓
58. CARPETING		✓
59. WALLS		✓
60. CEILINGS		✓
61.		
BEDROOM No. 3		
62. WINDOWS		✓
63. SCREENS		✓
64. CLOSETS AND DOORS		✓
65. RECEPTACLE PLATES AND SWITCHES		✓
66. FLOORS		✓
67. CARPETING		✓
68. WALLS		✓
69. CEILINGS		✓
70.		
BATHROOM		
71. TUB		✓
72. SINK		✓
73. TOILET		✓
74. MEDICINE CABINET		✓
75. PLUMBING		✓
76. FLOORS		✓
77. RECEPTACLE PLATES AND SWITCHES		✓
78. LIGHT FIXTURES		✓
79. WINDOWS		✓
80. EXHAUST FAN		✓
81. WALLS AND CEILINGS		✓
82. SEWER/SEPTIC		✓
83.		

VIOLATIONS

C/O-12-93

passed

FEE _____ CK ☐ CASH ☐

APPROVED

NOT APPROVED

CONDITIONAL

REINSPECTION

ELECTRIC SERVICE ☐ ON ☐ OFF

GAS SERVICE ☐ ON ☐ OFF

✓ = ACCEPTABLE X = NOT ACCEPTABLE

TIME ARR _____ TIME DEP. _____

INSPECTOR _____ DATE 1-12-93