Barnegat Township

900 West Bay Avenue, Barnegat, New Jersey 08005
Tel 609.698.0080 Fax 609.698.7446
www.barnegat.net

RENTAL
EXISTING STRUCTURE
CERTIFICATE OF OCCUPANCY

CERT.# 1008296 ISSUE DATE TCO 11/23/20 APPL.DATE 10-8-20

FEE $50.00 PAID BY CASH _____ CHECK 2622788446

----------Office Use Above Only----------

PLEASE COMPLETE THE FOLLOWING: Rental C.O.

OWNER(S) NAME: PLAZMA HOLDINGS LLC BLOCK 114.19

JOB SITE ADDRESS: 11 NAUTILUS AVENUE LOT 6

OWNER'S ADDRESS: 2360 LAKEWOOD RD SUITE 3, #125 TOMS RIVER NJ 08755

TELEPHONE #: 917.682.3400

AGENT INFORMATION (IF APPLICABLE)

AGENT'S NAME: HARRY WEINFELD

AGENT'S COMPANY: TRISTAR MGMT

AGENT'S CO. ADDRESS: 525 E COUNTY LINE RD #10 LAKEWOOD NJ 08701

AGENT'S TELEPHONE #: 732-719-4001 office 917 682-3400-cell FAX# N/A

THIS CERTIFICATE EVIDENCES THAT, WITH THE SPECIFIC EXCEPTION OF ITEMS BELOW, A GENERAL INSPECTION OF THE VISIBLE PARTS OF THE BUILDING HAS BEEN MADE AND NO IMMINENT HAZARD CONDITIONS EXIST WHICH WOULD PROCLUDE THE CONTINUED LEGAL USE OF THIS STRUCTURE.

This also certifies that the smoke detectors and the carbon monoxide detectors were working at the time of inspection.

FEES PAID:
Water ____
Sewer ____
Well ____
Septic ____

NJAC52:27D198.2 Smoke Alarm Compliance _____
NJAC1:30-4.3 Carbon Monoxide Compliance _____
NJAC52:27D-198.1 Fire Extinguisher Comp. _____

TCO

CODE ENFORCEMENT OFFICIAL

11/19/20

TOWNSHIP OF BARNEGAT

COUNTY OF OCEAN

Clerks Office
Construction Office
Property Owner

900 WEST BAY AVENUE
BARNEGAT, NEW JERSEY 08005-1298
Email: clerk@barnegat.net

MUNICIPAL OFFICES: (609) 698-0080
FAX: (609) 698-7980
Visit Our Website: www.barnegat.net

TRUTH IN RENTING – LANDLORD TENANT STATEMENT

STATEMENT REQUIRED BY P.L. 1974 – CHAPTER 50

*****PLEASE TYPE OR PRINT CLEARLY*****

All questions A-G must be filled out completely and Property Owner must sign

A: RENTAL PROPERTY:

TENANT NAME: VANESSA ANESES

RENTAL PROPERTY ADDRESS: 11 NAUTILUS AVENUE

BLOCK 114.19 LOT 6 (must be filled in)

B: PROPERTY OWNER OF RECORD:

PERSONAL NAME: HARRY WEINFELD

CORPORATION: PLAZMA HOLDINGS LLC

ADDRESS: 525 E COUNTY LINE RD #10 LAKEWOOD NJ 08701
(No Post Office Boxes)

PHONE #: DAY 732-719-4001 EVENING 917-682-3400

C: PERSON AUTHORIZED TO ACCEPT SERVICE OF PROPERTY:
(PERSON TO RECEIVE LEGAL NOTICES-)
(MUST BE OCEAN COUNTY RESIDENT)

NAME: TRISTAR MGMT PHONE# 732-719-4001

ADDRESS: 525 E COUNTY LINE RD #10 LAKEWOOD NJ 08701
(No Post Office Boxes)

(OVER)

D: WHAT TYPE OF HEATING IS USED FOR RENTAL PROPERTY

ELECTRIC: _____ *GAS:* X *OIL:* _____

IF OIL-LIST OIL PROVIDER NAME: _____

E: PERSON RESPONSIBLE FOR REGULAR MAINTENANCE:

NAME: HARRY WEINFELD *PHONE#* 917-682-3400

ADDRESS: 525 E COUNTY LINE Rd #10 LAKEWOOD NJ 08701

(No Post Office Boxes)

F: MANAGING AGENT – IN CASE OF EMERGENCY:

NAME: TRISTAR MGMT *PHONE#* 732-719-4001

ADDRESS: 525 E COUNTY LINE Rd #10 LAKEWOOD NJ 08701

(No Post Office Boxes)

G: MORTGAGE COMPANY NAME & ADDRESS: (If NO Mortgage, write None)

NAME: NONE

ADDRESS: _____

SIGNATURE OF OWNER: _____

DATE: 11-17-2020

I, MICHELE A RIVERS, MUNICIPAL CLERK OF THE TOWNSHIP OF BARNEGAT, COUNTY OF OCEAN, STATE OF NEW JERSEY, ACKNOWLEDGE RECEIPT OF THIS LANDLORD TENANT STATEMENT THIS 20 *DAY OF* November, 2020.

: Michele Rivers, RMC

MICHELE A. RIVERS, RMC
MUNICIPAL CLERK

Barnegat Township
Construction Office
900 West Bay Avenue, Barnegat, New Jersey 08005
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Rental CO's

Rental CO's will be given a TCO during this State of Emergency. When the State of Emergency is lifted, inspections will NEED to be performed within 5 days. If the inspections are not completed the TCO will be revoked and you will be subject to penalties.

The HOMEOWNER must also certify below:

I, HARRY WEINFELD certify that the fire extinguishers and the carbon monoxide alarms and smoke detectors are in working condition and are placed in the appropriate areas for this home locates at
11 NAUTILUS AVENUE .

Homeowner's Signature

10-7-2020
Date

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Mechanical Certification

All properties rented in Barnegat Township shall be inspected and certified before a Rental Certificate of Occupancy will be issued.
A certification of the Heating system, Hot water, Plumbing and Electrical systems must be received prior to issuance of the Rental C of O

Certification may be made by the owner, licensed contractor or home inspector.

Please complete below:

I, (print) HARRY WEINFELD **, certify that the heating, hot water,**

Plumbing and Electrical systems located at 11 NAUTILUS AVENUE

Block 114.19 **Lot** 6

are in satisfactory and working condition. Date of certification 10.7.2020

Certifier information

Name HARRY WEINFELD

Address 2360 LAKEWOOD RD SUITE 3, #125 TOMS RIVER NJ 08755

License #

Company Name OWNER

Signature

Date 10.7.2020

Notary
Sworn to and subscribed before me
This _____ day of _____, 20__

_____
Notary Signature

Rental Inspections

Date 10-8-20

Block 114.19 Key _____

Lot 6 Lockbox _____

Truth in Renting ____ Mechanical Cert. X Will be there _____

Name PLAZMA Contact Telephone # _____

Address 11 NAUTILUS AVE

Exterior

Roof____Gutters____Leaders____Trim____Windows____Siding____Screens____
Deck____Stairs____Railings____Walks____Driveway____Shed____Handrails____
Fence ____Pool ____House Numbers ____Growth ____Debris ____Doors____
General Condition: Good ____ Bad ____ Pool Barrier____
Outdoor Lights ____ Outdoor Outlet Covers ____
Yard must be clean/maintained ____

Interior

Heat Certification ____ **All Rooms** -Outlet/Switch Covers ____

Kitchen-
Fire Extinguisher ABC type ___Hot Water ____ Anti Tip Bracket for Stove ____
Exhaust Fan ____Stove ____Refrigerator ____Sink____ HWH Relief Valve Overflow ____
Bathrooms- ____Toilet ____Sink ____Tub/Shower ____Dryer Vents____
Exhaust Fan ____ Hot Water ____ Light Fixtures ____
Smoke Detectors/Carbon Monoxide-
Basement ____First Floor ____Second Floor____
Front/Back Door dead bolt ____ Doors____ Panel Box ____
General Condition: _____
Handrail on steps ____ flooring ____ Walls ____ Ceiling ____

If Applicable: Well Certification ____

1st Inspection: Failed ____ Passed ____ Inspector ____
2nd Inspection: Failed ____ Passed ____ Inspector ____
3rd Inspection: Failed ____ Passed ____ Inspector ____

OPEN PERMITS NO **U.C.C. Violations** NO
Water/Sewer Taxes/Liens Y / (N) Property Taxes/Liens Y / (N)
Water/Sewer/Meter Lists Y / (N) Substantial Damage Letter Y / (N)