



# TOWNSHIP OF HOWELL

## DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2<sup>nd</sup> Floor  
Post Office Box 580  
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300  
Fax: (732) 414-3243  
Web: [www.twp.howell.nj.us](http://www.twp.howell.nj.us)

### RENTAL CERTIFICATE APPLICATION

**No change of occupancy is permitted without prior issuance of a Rental Certificate**

#### IMPORTANT INFORMATION – PLEASE READ

The purpose of the municipal application and inspection for a Rental Certificate is to determine if the housing unit complies with the minimum requirements of the New Jersey State Housing Code. Although the property incidentally benefits from the inspection, the property owner or purchaser should independently protect themselves with regard to the premises being occupied in that the municipal inspection cannot incorporate hidden or latent defects and, as a whole, is not undertaken for the benefit of a particular owner, as inspections such as these require judgment in reason of the issuance of a Rental Certificate. A Certificate must be issued each time a property is rented. Occupancy without first securing a rental certificate is in violation of the Township Ordinance and failure to comply shall result in a summons being issued and a court appearance will be required.

#### HOUSING CHECKLIST

**PLEASE SEE NEW REQUIREMENTS REGARDING SMOKE DETECTORS AND FIRE EXTINGUISHERS EFFECTIVE JANUARY 1, 2019 (SEE ATTACHED).**  
**FOR FURTHER INFORMATION, CONTACT THE FIRE BUREAU.**

- **Exterior** - (if applicable) Roof, siding, paint, windows, chimney, gutters/down spouts, railings (needed if three or more steps), no garbage/junk/rubbish, no overgrown grass/weeds/bushes.
- **Accessory Structures** - (if applicable) Fence, shed, garage, deck, pool, fireplace in good repair.
- **Interior** - Overall cleanliness, carpets/floors, ceilings/walls, paint
- **Kitchen** - GFIs, fridge, stove (burners, broiler, fan) water, counters, fire extinguisher (2A 10 BC or greater + Full), \*Gas/electric stove needs to be **on**.
- **Bathrooms** - GFIs, water, toilet (clean and flush), shower (work and hold water), tiles, floors, tub (clean) window or vent, stoppers.
- **Basement** - (if applicable) Smoke detector, no leaks or stagnant water, windows/doors.
- **Miscellaneous** - Smoke & CO<sub>2</sub> detectors, panel box labeled (minimum Main Panel), switch plates, outlets, doors, windows/sills, floor saddles (+over carpet), windows (open/close), screens (May 1 through Oct 1), no water stains/mold, sliding door (if applicable), solid core door from garage to house (if applicable).
- **Life Safety** - Smoke & CO<sub>2</sub> Detectors, stove/fridge working, fire extinguisher, GFIs, hot water heater (cert. if unclean), furnace (cert. if unclean), no mold, and no rodents/insects.

\*\*\* **Contact Monmouth County Board of Health (732-431-7456) if there is a well and/or septic. No Rental Certificate will be issued without letter of approval from BOH.**

\*\*\* **Landlord Registration expires on December 31<sup>st</sup> every year and must be renewed within 30 Days.**

**OWNER/TENANT INFORMATION**

DATE: \_\_\_\_\_ COPY OF LEASE ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ UNIT \_\_\_\_\_ (IF APPLICABLE)

**OWNER INFORMATION**

PROPERTY OWNER NAME: \_\_\_\_\_

IF LLC OR LP CONTACT NAME: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

OWNER/CONTACT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**AGENT/MANAGER INFORMATION (If applicable and different from Owner)**

AGENT/MANAGER NAME: \_\_\_\_\_

AGENT/MANAGER ADDRESS: \_\_\_\_\_

AGENT/MANAGER EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TENANT INFORMATION**

ADULT TENANT NAME: \_\_\_\_\_

TENANT EMAIL: \_\_\_\_\_ TENANT PHONE: \_\_\_\_\_

NAMES OF ADULTS (OVER 18): \_\_\_\_\_

TOTAL NUMBER OF OCCUPANTS: \_\_\_\_\_

NUMBER OF ADULTS (OVER 18): \_\_\_\_\_

NUMBER OF CHILDREN (UNDER 18): \_\_\_\_\_

**PROPERTY INFORMATION**

NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF FULL BATHROOMS: \_\_\_\_\_ HALF BATHS: \_\_\_\_\_

FINISHED BASEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_ FINISHED ATTIC: YES \_\_\_\_\_ NO \_\_\_\_\_

SIZE OF BEDROOMS:

BR1 \_\_\_\_\_ (SF); BR2 \_\_\_\_\_ (SF); BR3 \_\_\_\_\_ (SF); BR4 \_\_\_\_\_ (SF); BR5 \_\_\_\_\_ (SF)

WATER SYSTEM: WELL \_\_\_\_\_ CITY WATER \_\_\_\_\_

SEWER SYSTEM: SEPTIC \_\_\_\_\_ CITY SEWER \_\_\_\_\_

HEAT SOURCE: OIL \_\_\_\_\_ GAS \_\_\_\_\_

**RENTAL CERTIFICATE APPLICATION**

**FEES (PAYMENT MUST ACCOMPANY APPLICATION AND THERE ARE NO REFUNDS)**

- Landlord Application \$100.00
- All residential rentals (including smoke/fire/carbon monoxide) \$100.00
- Re-inspection Fee (if 3<sup>rd</sup> inspection is required) \$ 50.00
- Returned Check Fee \$ 20.00

**I will allow the Housing Inspector onto the above property at any reasonable time. All Rental Certificates will be picked up by the Applicant or their Agent from the Township Office unless other arrangements are made at the time of application. No certificate will be issued without the Certification Signatures requested below:**

PLEASE PRINT:

I, \_\_\_\_\_, hereby certify that I am  
the owner\_\_\_\_ agent\_\_\_\_ (please check one) for the property in Howell Township located at

\_\_\_\_\_

known as block \_\_\_\_\_ lot \_\_\_\_\_, and that by meeting all requirements, a Rental Certificate will be issued for a dwelling unit, residential use only; as property currently exists.

I also attest to the fact that no rubbish/debris/bulk garbage will be left on the property prior to new occupancy and all Township Codes and Ordinances will be complied with.

Failure to comply with the above conditions will result in retraction of rental certificate and a summons will be issued. This applies to all property within Howell Township.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

# SMOKE ALARM REQUIREMENTS

## TEST AND CLEAN YOUR SMOKE ALARMS BEFORE INSPECTION DATE CHECK BELOW INFORMATION TO ENSURE YOUR SMOKE ALARMS MEET MINIMUM REQUIREMENTS

There are different types of smoke alarms –

1. Battery operated smoke alarms – must be 10 year sealed battery type
2. Electric smoke alarms
3. Electric smoke alarms with interconnection
4. Electric smoke alarms with interconnection and battery backup

The type of smoke alarms required for a Certificate of Smoke Alarm, Carbon Monoxide Alarm and Fire Extinguisher Compliance will depend on the type of smoke alarms that were required at the time of original construction. Replacing electric smoke alarms with battery-operated smoke alarms is ***not permitted***. Defective interconnected smoke alarms must be replaced with compatible alarms, or when possible, all interconnected alarms must be replaced to meet the requirements of the Compliance Certificate. **Effective January 1, 2019, all single station battery operated smoke alarms must utilize “Ten-Year” sealed battery power.**

### **HOUSE BUILT/RENOVATED**

### **MINIMUM REQUIREMENTS**

Prior to January 1977	Battery operated smoke alarms on all levels-sealed battery type
January 1977 – September 1978	Electric Smoke Alarm on each sleeping level Battery operated Smoke Alarm on all other levels-sealed battery type
October 1978 – January 1983	Electric Smoke Alarms on sleeping level and basement Battery Operated Smoke Alarms on all other levels-sealed battery type
February 1983 – July 1984	Electric Smoke alarms on all levels
August 1984 – February 1991	Electric Smoke Alarms on all levels All Smoke Alarms must be interconnected
March 1991 – Present	Electric Smoke Alarms on all levels and inside each bedroom All Smoke Alarms must be interconnected All Smoke Alarms must be equipped with battery back-up

A smoke alarm is required within immediate vicinity of every bedroom door. If a level has more than one sleeping area, smoke alarms are required in each sleeping area.

The smoke alarm installed on the basement level and all levels without a sleeping area must be located in close proximity to the stairway leading to the floor above.

Smoke alarms must be properly mounted and secured to the ceiling or wall according to manufacturer specifications.

All smoke alarms must be UL listed or equivalent and must have a test button.

Common area hallways and stairs in two-family houses must have a smoke alarm at each landing.

Smoke alarms are NOT permitted:

- Within 5 feet of a kitchen (cooking vapors),  
**Exception:** photoelectric type smoke alarms may be within 5 feet of a kitchen
- Within 3 feet of an attic fan or the tips of ceiling fan blades,
- Within 3 feet of the door leading to a bathroom containing a tub or shower (steam),  
**Exception:** photoelectric type smoke alarms may be within 3 feet of a bathroom
- Within 3 feet of an air supply vent (supply or air flow),
- Within 1 foot of a light fixture,
- Within the "dead air space" where the wall meets the ceiling (ceiling smoke alarms must be at least 4" from the wall, wall mounted smoke alarms must be at least 4" and no more than 12" from the ceiling,
- Smoke alarms are NOT permitted to be painted.

Fire Alarm Systems will not be tested by the inspectors. Many of these systems do NOT meet the minimum requirements for a compliance certificate.

## **CARBON MONOXIDE ALARM (CO) REQUIREMENTS**

A Carbon Monoxide Alarm is required in all 1 and 2 family dwellings that contain any fuel-burning device/appliance or have an attached garage.

Carbon Monoxide Alarm must meet the following requirements:

- May be electric operated or battery operated
- Must be installed on each sleeping level
- Combination smoke/carbon monoxide alarms must be installed meeting the requirements for a smoke detector
- Must be UL listed or equivalent.

## **CENTRAL STATION MONITORED ALARM SYSTEMS**

If you have a central station alarm that actually meets the requirements indicated above, you will need 2 inspections.

1. The alarm system must be certified as operational by a licensed NJ Fire Protection Contractor.
2. An Inspection by the Local Enforcing Agency to ensure the proper placement of detectors

Note: Inspection by licensed contractor should be completed prior to inspection by local enforcing agency. Provide documents of successful inspection at time of local agency inspection.

## **FIRE EXTINGUISHER REQUIREMENTS**

### **TYPE OF EXTINGUISHER**

A fire extinguisher is required to be in the kitchen area as described below. There are many sizes and colors, but make sure the ratings match those listed below, minimum of 2A;10B;C but no more than the ratings of a 10 pound rated fire extinguisher (4A;80B;C). The fire extinguisher must be fully charged, listed by a testing agency, labeled and operable. An owner's manual or proper written instructions on the use and maintenance of the extinguisher must be present.

**The extinguisher must also have been serviced and properly tagged by a contractor certified by the NJ Division of Fire Safety within the past 12 months or must provide proof that the fire extinguisher was purchased within the last 12 months.**

### **WHERE TO LOCATE FIRE EXTINGUISHER**

The fire extinguisher must be located within 10 feet of the kitchen. Usually this is in an exit pathway and must be visible in a readily accessible location.

IF YOU ARE PURCHASING A NEW FIRE EXTINGUISHER FOR THE SALE OF YOUR HOME, **DO NOT MOUNT THE FIRE EXTINGUISHER.** The Inspector will work with you at the time of inspection to locate the best option for mounting the extinguisher. The extinguisher must be present at the time of inspection and meet the ratings indicated above in order to pass the inspection.

### **Example of acceptable fire extinguisher ratings:**

Effective February 2018, must be an approved listed and labeled fire extinguisher with a minimum rating of 2A;10B;C

2A;10B;C

3A;40B;C

4A;80B;C

NOTE: This list may not include all ratings. Must not exceed 10 pound rating or equivalent.