



# TOWNSHIP OF FREEHOLD

APPLICATION FOR RESIDENTIAL  
CERTIFICATE OF CONTINUED OCCUPANCY (C.C.O.)

DEPARTMENT OF HOUSING & ZONING ENFORCEMENT

1 Municipal Plaza, Freehold, NJ 07728

(732)294-2066 or (732) 294-2050 / [Housing@twp.freehold.nj.us](mailto:Housing@twp.freehold.nj.us)

**C.C.O. INSPECTION FEE (Non-Refundable) – CHECK OR MONEY ORDER ONLY MADE PAYABLE TO “TOWNSHIP OF FREEHOLD”**

\$150.00 - Single Family Homes, Townhouses, Condominiums (Stonehurst, Raintree, Deerbrook, Poets Corner, Wyndham, Independence Sq, Briarwood, etc.)

\$75.00 – Silvermead and Apartments (Eagle Rock, Chesterfield, The Edge, Applewood, Wemrock Senior Living, Heritage Village at Elton Corner, etc.)

(TWO inspection dates are included in this fee. If additional inspections are required, there is a fee of \$65.00 per inspection date.)

Please also complete the application for a Fire inspection. It is a separate application and separate check or money order for \$45.00.

REASON FOR CHANGE OF OCCUPANCY: (Please check one) SALE \_\_\_\_\_ RENTAL \_\_\_\_\_

ADDRESS OF PROPERTY:	
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BLOCK:		LOT:	
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IF SELLING, was the address a Rental Property? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, the landlord registration will be deactivated for the property.

Please print clearly. The Inspection results and the certificate will be sent via email.

Buyer Name(s) or Occupant(s):	
Phone #:	
Email:	

Property Owner Name(s):	
Phone #:	
Email:	

Type of Structure: Single Family Home \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Manufactured Home \_\_\_\_\_

Realtor/Contact Name:		Phone #:	
Email:			

Please check: City Water \_\_\_\_\_ City Sewer \_\_\_\_\_ \*Septic \_\_\_\_\_ \*Well \_\_\_\_\_ \*HEALTH DEPT APPROVAL IS REQUIRED.

**IF THE PROPERTY WILL BE RENTED, PLEASE COMPLETE.**

<b>Section 1.</b> Is the property registered as a Rental in the township? YES _____ NO _____ IF YES, Landlord ID # _____ Registration # _____ IF NO, please complete the Rental Property Application and a fee may be required.
<b>Section 2.</b> Was the property <b>built BEFORE 1978</b> ? YES _____ NO _____ If YES, it is a NJ State requirement to contact a Certified Lead Evaluation Contractor and supply a LEAD-SAFE CERTIFICATE to the township. Date Township Received Certificate:        /        /

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

Fee Received By:		Application #:		
Check or Money Order #:				
Inspection Date:		Granted:	Denied:	Other: