



COLTS NECK TOWNSHIP
APPLICATION FOR RESIDENTIAL RENTAL
CERTIFICATE OF INSPECTION

DATE: _____

ADDRESS TO BE INSPECTED : _____

BLOCK: _____ LOT: _____

NAME OF APPLICANT (HOMEOWNER): _____

EMAIL: _____ PHONE: _____

PERSON RESPONSIBLE FOR INSPECTION : _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____

Zoning approval requires a copy of the rental lease to be submitted.

Health approval requires both a water test and a septic test report.

All documents to be submitted along with the application fee of \$100.00.

Once zoning and health approval is obtained, an inspection of premises will be scheduled.

DATE RECEIVED _____

Check # _____