THE CDC PROTOCOL FOR COVID-19 SYMPTOMS AND TESTING CAN BE VIEWED AT THE FOLLOWING LINK:


TO CHECK FOR AVAILABILITY OF SENIOR TRANSPORTATION OR DELIVERY SERVICES PLEASE CALL 732-248-7345

EDISON CERTIFICATE OF CONTINUED OCCUPANCY FOR CHANGE OF OWNERSHIP, TENANCY AND NAME GUIDE LINES DURING COVID-19 EVENT

Go to Edison Township website  edisonnj.org
Go to Forms
Go to CCO form, Residential or Commercial
Print Form
Fill out form as applicable
Go to waiver form
Print waiver form
Fill out form as applicable
Seller and Buyer to certify form and have it notarized for each
Fax forms to office or email forms to all three of the following:
Pleary@edisonnj.org; imaster@edisonnj.org; dangelo@edisonnj.org

The Code Office will process and call for payments by credit card
The Code Office will process and email or fax the CCO as required

PLEASE NOTE THE SELLER, BUYER AND OR AGENT SHOULD INSPECT THE STRUCTURE FOR WORK WHICH HAS BEEN DONE WHICH REQUIRED PERMITS. THE SELLER SHOULD APPLY FOR THE PERMITS AND AGAIN EMAIL OR FAX THE FILLED OUT JACKET AND TECH CARDS TO THE ABOVE EMAIL ADDRESSES. THE OFFICE WILL PROCESS SAME AND CALL FOR PAYMENT ANDS AT THE TIME SCHEDULED AN INSPECTION IF REQUIRED.

THE NEW JERSEY DIVISION OF MOTOR VEHICLE OFFICES ARE CURRENTLY CLOSED BELOW IS THE ADVISORY REGARDING EXTENSIONS AND WAIVERS.
**Inspection is required to be completed minimum of 4 weeks prior to closing date**

Prior to inspection, check with the Township Building Department for any open permits; check with the Tax Assessor’s office to see that all improvements in the property are being assessed accordingly. Items that are not on the township record may require permits, even if installed by previous owner, the current owner is responsible to resolve.

- The following needs to be structurally-sound and verified by both Zoning & Building permits, as required with Certificates:
  - Addition / Alteration / Finished Basement / Finished Attic / Garage conversion
  - Patio / Deck / Pool / Spa
- Fence and childproof gate is required for all properties with a pool and/or spa.
- All handrails and guardrails must be secure and of proper height.
- Risers (for stairs) where required, must have openings less than 4 inches.
- Water Heater, Furnace, Air conditioner, Boiler, etc., require permits to install or replace and must be in working order.
- Water Heater must have pressure relief valve, bonding cable, pressure relief piping (cannot be black pipe), terminating 6 inches from the floor, unthreaded.
- All flue connections of oil/gas fired appliances must be secure and tight.
- Clothes dryer must be vented outside the house (not into garage, attic, basement, etc.)
- Gas appliances must have shut-off valves.
- Combustible assembly–no openings in garage ceilings and walls adjacent to living space.
- House numbers must be located in front of house, minimum of 3 inches high.
- If there are existing GFI (Ground fault Interrupter) outlets, they must be in working order.
- No junk or debris in basement, attic or yard; Items for storage/moving are allowed.
- No keyed locks in bedrooms.
- Egress door (s) should not have a keyed inside lock.
- No imminent hazards on premises that might endanger occupants or the general public.
- *Any other concerns or elements deemed necessary by the Municipal Inspector.*

All of the above items must be met prior to the issuance of the CCO. If any work was performed without a permit and one was required, you will be required to obtain the permit and close it before the CCO will be issued. By issuances of this Certificate of Occupancy, neither the Township of Edison nor any of its Officers and Inspectors assumes any liability.
RESIDENTIAL CERTIFICATE OF CONTINUED OCCUPANCY APPLICATION

APPLICATION DATE: _____________________________

Fee: $150 payable to EDISON TOWNSHIP by: check or credit card. No cash. No refunds.
Inspection should be completed a minimum 3 weeks prior to closing.

PROPERTY INFORMATION

BLOCK: _____ LOT: ______ SINGLE FAMILY_______ TWO FAMILY_____ MULTI-FAMILY______

DWELLING TO BE: BUYER OCCUPIED_______ REHAB ________ TO BE DEMOLISHED_________

PROPERTY ADDRESS: ____________________________________________________________

PROPERTYS OWNER’S NAME: _____________________________________________________

APPLICANT NAME, IF NOT OWNER: ________________________________________________

APPLICANT PHONE NUMBER: ______ _____ TENTATIVE CLOSING DATE: _____/_____/________

BUYER NAME: _________________________________ PHONE: ______ _________________

CURRENT ADDRESS: _________________________ CITY: _________________ STATE________

SELLER ATTORNEY NAME: ______________________ PHONE: ______ _________________

SELLER AGENT NAME: _________________________ PHONE: ______ _________________

BUYER ATTORNEY NAME: ______________________ PHONE: ______ _________________

BUYER AGENT NAME: _________________________ PHONE: ______ _________________

APPLICANT SIGNATURE _________________________________________________________

Note: If any work requiring a permit was completed, a compliance permit must be obtained work must be inspected and permit closed before CCO will be issued.

Note: As per Edison Township Ordinance 14-1.6 a Certificate of Continued Occupancy must be obtained prior to closing of the property. Failure to do so will result in penalties and fines up to $2,000 as per N.J.S.A 40:49-5; 1999 Code § 1.08.010
Application for Residential Certificate of Continued Occupancy

Property Information

Address___________________________________________________
Block:_______ Lot:___________
Type of Structure:___________________________________________
Owner’s Name:_____________________________________________
Applicant Name if Not Owner:_________________________________
Applicant Phone Number:_____________________________________
Applicant Email:_____________________________________________
Closing date:________________________________________________
Seller Attorney:___________________________Phone:_____________
Buyer Attorney:___________________________Phone:_____________

Check the following as applicable:

_____ Smoke Detectors on each level of dwelling
_____ Smoke Detector and Carbon Monoxide Alarm outside each sleeping area, within 10 feet
_____ All smoke detectors are in working order
_____ All carbon monoxide alarms in working order
_____ A 2A:10BC Fire Extinguisher is mounted within 10 feet of the kitchen
_____ Note: All battery powdered detectors and or alarms must have 10 year sealed batteries
_____ No work has been done in the above dwelling that requires a UCC Permit or a Zoning Permit

_____ The exterior of the dwelling is not in disrepair
_____ All grounds are trimmed and no debris is present
_____ All concrete, asphalt and masonry work is not in disrepair

I, ______________________seller’s name from above print name____________________ sign,

Certify that the above are as per the Edison Township ordinances and codes and
Understand that I can be prosecuted and fined $2,000.00 per occurrence regarding the
Above, and for false and fictitious statements per occurrence.

I, further 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 and I will be subject
to penalty.

Sworn and subscribed to before me this _____day of ____, 20_____.

Notary Signature___________________________Applicant Signature___________________________
Print Signature___________________________
Application for Residential Certificate of Continued Occupancy – Page 2

Buyer’s Name____________________________________

Buyer’s current address____________________________________________________

____________________________________________________

Buyer’s Phone Number____________________________________

Buyer’s email__________________________________________

I, _______________________________ buyer’s name from above ______________________________

Sign, certify that the above are as per the Edison Township ordinances and codes and understand
that I can be prosecuted and fined $2,000.00 per occurrence regarding the above, and for false and
Fictitious statements per occurrence.

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

Sworn and subscribed to before me this ______day of _______, 20_______

Notary Signature____________________________ Applicant Signature______________________

Print Signature__________________________