

Inspections

1ST _____

2ND _____

3RD _____



Washington Township Housing Office

523 Egg Harbor Road

Sewell, NJ 08080

856-589-0520 Ext. 245

townshipnj.com

Lock Box _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY

ADDRESS TO BE INSPECTED: _____

Block _____ Lot _____ Qual: _____ IS DWELLING VACANT? Yes _____ No _____

CURRENT OWNER:

Name: _____ Phone #: _____

Address: _____

Email address: _____

PROSPECTIVE BUYER / PROSPECTIVE TENANT / CURRENT TENANT:

Name: _____ Phone #: _____

Address: _____

Email address: _____

REALTORS:

Seller's Agent / Telephone Number

Buyer's Agent / Telephone Number

Email Address

Email Address

Inspection Type

Resale

Annual

Settlement / Occupancy Date: _____

Rental

Tenant Change

TYPE OF DWELLING:

Single Family

Duplex

Condo

Two-Family

Mobile Home

Twin

Apartment

Other

Current Owner's Signature or Owner's Representative

Date

OFFICE USE ONLY:

_____ \$70 Annual / Initial Inspection Fee (Includes 1st Re-Inspection)

_____ \$50 - each subsequent inspection after initial

_____ Check Number/Cash

Payable To: Township of Washington

Received