

Re-Inspection

1ST _____

2ND _____

3RD _____



Washington Township Housing Office

523 Egg Harbor Road
Sewell, NJ 08080
856-589-0520 Ext. 245
www.townshipnj.com

Inspection Date _____

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 / TENANT:

Name: _____ Phone #: _____

Address: _____

REALTORS:

Seller's Agent / Telephone Number

Buyer's Agent / Telephone Number

Inspection Type	A COPY OF THE INSPECTION RESULTS WILL BE LEFT AT THE PROPERTY.	
<input type="checkbox"/> Resale	<input type="checkbox"/> Annual	Settlement / Occupancy Date: _____
<input type="checkbox"/> Rental	<input type="checkbox"/> Tenant Change	

TYPE OF DWELLING:

- Single Family
- Duplex
- Condo
- Two-Family
- Mobile Home
- Twin
- Apartment
- Other

Current Owner's Signature

Date

OFFICE USE ONLY:

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

_____ \$50 - each subsequent inspection

_____ Check Number/Cash

Payable To: Township of Washington

Received