

Inspections

1ST _____
2ND _____
3RD _____



Washington Township Housing Office

523 Egg Harbor Road
Sewell, NJ 08080
856-589-0520 Ext. 2231, 2229 or 2296
townshipnj.com

Lock Box _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY - SALE

ALL FIELDS MUST COMPLETED AND ORIGINAL APPLICATION MUST BE SUBMITTED

ADDRESS TO BE INSPECTED: _____

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

| | | | | | | | |
|--|---|---|---|--------------------------------------|-------------------------------|------------------------------------|--------------------------------|
| DWELLING INFORMATION: | | | | | | | |
| <input type="checkbox"/> Private Well | <input type="checkbox"/> Private Septic | <input type="checkbox"/> Township Water | <input type="checkbox"/> Township Sewer | | | | |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex | <input type="checkbox"/> Condo | <input type="checkbox"/> Two-Family | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Twin | <input type="checkbox"/> Apartment | <input type="checkbox"/> Other |

CURRENT OWNER:

Name: _____ Phone #: _____

Address: _____

Email address: _____

PROSPECTIVE BUYER

Name: _____ Phone #: _____

Address: _____

Email address: _____

OWNERS/BUYERS REPRESENTATIVES:

| | |
|--|---|
| _____ | |
| Seller's Representative / Telephone Number | Buyer's Representative / Telephone Number |
| _____ | _____ |
| Email Address | Email Address |
| _____ | _____ |

Current Owner's Name or Owner's Representative Name

| |
|------------------------------|
| _____ |
| Settlement / Occupancy Date: |
| _____ |

Current Owner's Signature or Owner's Representative

Date

***** ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED *****

OFFICE USE ONLY:

_____ \$70 Initial Inspection Fee (Includes 1st Re-Inspection)
_____ \$50 - each subsequent inspection after initial
_____ Check Number/Cash Payable To: Township of Washington

| |
|----------|
| Received |
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