

Inspections

1ST _____

2ND _____

3RD _____



Washington Township Housing Office

523 Egg Harbor Road
 Sewell, NJ 08080
 856-589-0520 Ext. 2238, 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:

Private Well Private Septic Township Water Township Sewer

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

CURRENT OWNER:

Name: _____ Phone #: _____

Address: _____

Email address: _____

PROSPECTIVE BUYER

Name: _____ Phone #: _____

Address: _____

Email address: _____

OWNER/OWNER'S AGENT	BUYERS REPRESENTATIVES:
_____	_____
Seller/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/DOCU SIGN WILL NOT 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