DEPARTMENT OF BUILDINGS





Municipal Building

AREA COCE 201-943-1700 EXT. 3126

Date:	Note: Proof of paid taxes must be shown before issuance of a certificate.
	TAX OFFICE:
Please Print	
LOCATION OF INSPECTION:	
	S:
CURRENT OWNERS PHONE:_	CELL:
SALE	
BUYER'S NAME:	
	STATE: ZIP
BUYER'S PHONE NUMBER: _	CELL PHONE:
REALTOR'S NAME:	PHONE:
PLEASE CHECK ONE	
PROPERTY WILL BE USED A	S: PRIMARY RESIDENCE RENTAL PROPERTY BUSINESS
RENTAL	
TENANT'S NAME:	
TENANT'S PHONE NUMBER:	CELL PHONE:
APARTMENT/SUITE NUMBER	R: FLOOR NUMBER:
BLOCK:	LOT: ZONE:
() ONE FAMILY	() CONDO
() TWO FAMILY	() CO-OP
() MULTI FAMILY	() OTHER
BUSINESS: (BRIEF DESCRI	PTION)
APPLICATION SUBMITTED	BY: PHONE:

55 River Road

Edgewater, NJ, 07020