## APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY-RESALE

			CCO #				
PROPERTY ADDRESS:			BLOCK:	LOT:			
OWNER:			PHONE:				
BUYERS NAME:							
BUYERS ADDRESS:		BUY	ERS PHONE NUMBE	ER:			
SELLER'S ATTORNEY:	×	PHON	E:				
BUYER'S ATTORNEY:		PHON	E:				
□ ONE FAMILY □ TWO FAMILY □ CH	ANGE OF USE	ПОТН	HER				
WILL BUYER OCCUPY? ☐YES ☐NO	)	CLOSING DAT	E:				
I HEREBY GRANT THE BOROUGH OF COMPLIANCE OF BUILDING AND ZON				ES LISTED ABOVE FOR			
		PHONE N	NUMBER:				
SIGNATURE OF OWNER OR AGENT/REA	LTOR DA	TE SIGNED					
INSPECTION – PLUS 1 RE-INSPECTIO ADDITIONAL RE-INSPECTIONS FEE: ADDTL CERTIFIED COPY:	DN FEE: \$175.00 \$50.00 \$5.00		INSPECTION V	O KEEP APPOINTMENT FOF WILL BE CONSIDERED INSPECTION.			
CHECK NO: DATE:_		_AMT PAID:		ZONING DEPT - PHONE 201-794-5308			
SCHEDULED INSPECTION DATE:				Inspection time 12 pm – 4 pr			
gan	CERTIFICATE	E OF COME	PLIANCE	,			
DATE APPROVED:	IN	SPECTOR:					

This visual inspection has found no apparent hazards or conditions that may affect the health, safety or welfare of the occupants. The buyer/occupant assumes the responsibility to continue to conform to all regulations pertaining to this property. Additionally, any construction, demolition or alteration requires prior approval and permits as regulated by the Uniform Construction Code. The Borough of Fair Lawn is not responsible for hidden and unknown conditions at this location. Applicant Initials:

## BLOCK/LOT

## BOROUGH OF FAIR LAWN CCO - RESALE INSPECTION CHECK LIST 201-794-5308

CCO#	0		

Address: Name:																
		Present at Inspection:														
Pass	Fail	EXT	TERIOR	*			100 E-0074.2	СОММІ	ENTS						Pe	ermit
		Walkwa	ays													
		Drivew	ay													
		Debris													1	
		Oil Tan	k													
		Railing	S													
			g Exterior													
			ory Structure													
		Fences														
		Recycli	ng Container												1	
			ed Garage							ı					]	
			Service												1	
		Steps						-							1	
		House	Number												[	
		Sprinkle													]	
			/alve Cert.													
		Satellite	e Dish													
Pass	Fail	INT	ERIOR					COMME	NTS						Per	rmit
		Water I	Heater		u						×					
		Heating	Unit													
		Plumbii	ng		0								х.			
		Electric														
		Sump F	oump													
		Gas Pipe														
		Handrails														
		Stairs														
		Central	A/C													
		Renova	ation													
		Fire Ce	rt.													
		Other														
Base	ment		UNFIN	25	50	75	100	Laund	Rec	Util	Bath :	<b>#</b>				
First Level			KIT	LR	DR	Bedrn	n #	Bath #								
Second Level		el	Bed	1	2	3	4	Bath #				64				
Third	/Attic		Storage		701											
		ı	Permit # B		Closed	Р		Closed	Е		Closed	F	=	Close	d	
OPEN PERMIT		ITS .				_ □						[	]			
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		-	<del></del> -								C	ertific	ate:			$\overline{}$
INSPECTED BY:						Date:				Mailed [			ed 🗌			
RE-INSPECTED BY:						Date:										