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