

Township of Edgewater Park

400 Pelanco Road Edgewater Park, New Jersey 08010

Phone (609) 877-2050 Fax (609) 877-2308

Affidavit in Lieu of Certificate of Inspection

I,	, am the prospective buyer of the house and property located at Print Name)
(Print Name)
	in the Township of Edgewater Park. (Property Address)
	(Property Address)
I hereby atte	est to the following:
	. I have received a copy of the housing inspection performed by the authorized Housing and Resale Inspector of the Township of Edgewater Park on
2	2. I understand the notice violation(s) and accept the responsibility for all repair(s).
3	3. I do hereby assume all liability and/or penalties which may arise from failure to correct the violation(s).
2	I understand that this is <u>not</u> a Certificate of Occupancy and that the Certificate of Occupancy (which shall require a final inspection) is required prior to residing at the above address.
Signature: _	Date:
Current Ado	lress:
Sworn and	subscribed to before me on this day of 20
Nam	ne of Notary/Commission Expiration Date