

**EDGEWATER PARK TOWNSHIP
CERTIFICATE OF OCCUPANCY APPLICATION REPORT
400 DELANCO ROAD
EDGEWATER PARK, NJ 08010**

PHONE (609) 877-2217

FAX (609) 877-2308

SELLER OR OWNER

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: () _____
Seller Realtor: _____ Realtor's # _____

PROPERTY LOCATION

BLOCK: _____ LOT: _____

NAME OF BUYER OR TENANT

TELEPHONE NUMBER: () _____
Buyer's Realtor: _____ Realtor's # _____

NAME AND DATE OF BIRTH OF SCHOOL AGE OCCUPANTS :
(IF ADDITIONAL SPACE IS REQUIRED PLEASE ATTACH OCCUPANT INFORMATION TO THIS APPLICATION)

NAME: _____	DATE OF BIRTH _____
NAME: _____	DATE OF BIRTH _____
NAME: _____	DATE OF BIRTH _____
NAME: _____	DATE OF BIRTH _____
NAME: _____	DATE OF BIRTH _____

TYPE OF INSPECTION REQUESTED

_____ ANNUAL RENTAL LICENSING (APT/CONDO/HOUSE)	FEE: \$35.00
_____ RESALE INSPECTION	FEE: \$50.00
_____ RENTAL/RESALE RE-INSPECTION	FEE: \$10.00

LANDLORD / RENTAL MANAGER

DATE TENANT VACATED PREMISES OR DATE OF SETTLEMENT _____
PLEASE FAX TO (609) 877-2308 IMMEDIATELY UPON VACANCY OF ABOVE TENANT.

TOWNSHIP OFFICIAL

DATE SUBMITTED	_____	REINSPECTION
INSPECTION DATE	_____	_____
INSPECTION TIME	_____	_____
CHECK/RECEIPT #	_____	_____

*Please schedule inspections no more than 30 days before and
at least two weeks before settlement or occupancy.*