

WEST DEPTFORD TOWNSHIP
APPLICATION FOR CERTIFICATE OF OCCUPANCY
PURSUANT TO ORDINANCE 115-1

Application# _____
Date of Inspection _____
_____ Time of Inspection

ADDRESS OF DWELLING FOR INSPECTION:

BLOCK _____ LOT _____ IS DWELLING VACANT? _____

CURRENT OWNER:

(NAME) (CURRENT ADDRESS) (PHONE NUMBER)

REALTORS:

(LISTING SALES PERSON) (TELEPHONE NUMBER)

RESALE _____ RENTAL _____ OTHER _____ SETTLEMENT DATE _____

TYPE OF DWELLING:

_____ SINGLE FAMILY _____ DUPLEX (\$30 PER UNIT) _____ MOBILE HOME

CHECK AS APPROPRIATE:

# _____ Bedrooms	# _____ Bathroom	_____ Porch
_____ Living Room	_____ Dining Room	_____ Garage
_____ Family Room	_____ Kitchen	_____ Pool
_____ Basement	_____ Storage Building	

8.4.05

Realtor's or Current Owner's Signature

_____ \$30 Inspection Fee

_____ Received By _____

_____ Date Received

_____ \$30 Re-Inspection Fee

_____ Received By _____

_____ Date Received