

MAYOR
Denice DiCarlo

TOWNSHIP COMMITTEE
Megan Kerr
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Jim Robinson



WEST DEPTFORD TOWNSHIP
Municipal Building
400 Crown Point Road
West Deptford, New Jersey 08086
Phone (856) 845-4004

Acting Township Administrator
Lee Ann DeHart

Chief Finance Officer
Michael Kwasizur

Registered Municipal Clerk
Lee Ann DeHart

Change of Owner/Occupancy Procedures

Until otherwise advised we will be following this procedure for Change of Owner/Occupancy Inspections (CO's).

All Applicants:

- We will continue to utilize our standard form and pricing for all applications.
- The applicant will need documentation from the Water Department stating they are aware of the change and that the meter will be addressed at a later date.
- We will continue to follow our current scheduling procedures for inspections.

For Unoccupied Properties:

- All unoccupied dwelling and apartments will be entered and a full inspection conducted as typically performed. This may be conducted by use of an unlocked door or lock box to enter.
- All re-inspections procedures and forms remain unchanged.

For Occupied Properties:

- If the property is occupied our staff will provide the seller/agent with the affidavit form once payment and confirmation from the Water Department has been provided. This form will be filled out in its entirety. It will need to be notarized and returned to our office.
- The staff will schedule an inspector to perform an exterior inspection "NO INTERIOR" at time the application has been received.
- Any re-inspection needed for exterior inspection performed will require the \$30 fee and the re-inspection scheduled.
- Once the affidavit is received and the exterior inspection has passed then we will issue an amended TCO which would state that occupancy is permitted and a further inspection is required once we have been released from the protective measures
- A log will be maintained by the staff including the address, contacts for the seller, buyer and agents.
- No additional fees to be collected for the future inspection.

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**TEMPORARY CERTIFICATION IN LIEU OF INSPECTION FOR SMOKE ALARM, CARBON MONOXIDE ALARM
AND PORTABLE FIRE EXTINGUISHER COMPLIANCE**

Dwelling Location: _____ **Block:** _____ **Lot:** _____ **Street:** _____
(not mailing address) **Municipality:** _____ **County:** _____

***NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID**

- Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl spaces; and
- Smoke alarm and carbon monoxide alarm outside each separate sleeping areas; and within 10 feet of bedrooms.
- Smoke alarms are in working order. Carbon monoxide alarm(s) in working order.
- Fire extinguisher 2A:10BC is properly mounted and is located within 10 feet of the kitchen.
- This is a _____ story dwelling with a basement without a basement.
- Ten year sealed battery-smoke alarm. Electric – smoke alarms.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke alarms and carbon monoxide alarms required above shall be located in accordance with NFPA 72. The alarms are not required to be interconnected. Battery powered alarms are acceptable. Note: AC powered and/or interconnection alarms and smoke detectors installed in homes constructed after January 1977 shall be maintained in working order. The fire extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 *et seq.*).

- Buyer is aware of future inspection.
- Seller is aware that they are responsible for any violations found within 180 days from inspection date.

Please mail certificate to: Address: _____ Phone #: _____
City, State Zip: _____ Fax #: _____

Contact person: _____ Phone #: _____ Closing Date: _____

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statement made by me are willing false, I will be subject to penalty.

Sworn and subscribed
to before me this _____ day of _____, 2020.

Notary Signature

Applicant Signature

Printed Name

NOTE: Once issued, a Certificate is not transferrable nor is a fee reimbursable.

FOR OFFICE USE ONLY

Log #: _____ Check #: _____