

SALE

CERTIFICATE OF OCCUPANCY APPLICATON

****NOTE** A NEW CERTIFICATE OF OCCUPANCY AND INSPECTION IS
REQUIRED PRIOR TO ANY ADDITIONAL AND/OR NEW TENANTS.**

BUYERS NAME AND MAILING ADDRESS: _____ PHONE# _____

PROPERTY ADDRESS: _____

AGENT NAME: _____ PHONE# _____

PROPOSED SETTLEMENT DATE REQUIRED: _____

SMOKE DETECTORS MONITORED: YES: _____ NO: _____

IF YES, CERTIFICATE REQUIRED FROM ALARM COMPANY

LIST INDIVIDUALS AUTHORIZED TO OCCUPY UNIT(EACH) ADULT AND CHILD

NAME (PLEASE PRINT)	DATE OF BIRTH (IF UNDER 18)	NAME (PLEASE PRINT)	DATE OF BIRTH (IF UNDER 18)
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE
APPLICATION IS HEREBY MADE FOR INSPECTION, APPROVAL AND ISSUANCE OF CERTIFICATE OF
OCCUPANCY as provided by Ventnor Ordinance 8333-Chapter 138.

OWNER/AUTHORIZED AGENT _____ DATE _____

FOR OFFICE USE ONLY

\$100 FEE PAID _____ CASH _____ CHECK _____ LAST 4 DIGITS CARD: _____
(NON REFUNDABLE)

DATE OF INSPECTIION: _____ TIME: _____
APPROVED FOR ISSUANCE: _____ DATE: _____ PASS/FAIL _____

PICK UP/MAIL _____ DATE: _____ PASS/FAIL _____