**PLEASE PRINT ALL INFORMATION BELOW**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **APPLICATION OF CONTINUED CERTIFICATE OF OCCUPANCY**  An inspection of the **entire** property according to: Change in Occupancy Pursuant to N.J.A.C. 5:70-2.3 and 4.19;  Ordinance #0.2.15 and International Property Maintenance Code Current Edition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME:** | |  | | | | | | | | | | | | | **PHONE #:** | | | | | | |  | | | | | | | |
| **ADDRESS:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMAIL ADDRESS:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OWNER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME:** | |  | | | | | | | | | | | | | **PHONE #:** | | | | | | |  | | | | | | | |
| **ADDRESS:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMAIL ADDRESS:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBJECT PROPERTY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDRESS:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BLOCK:** |  | | | | | | | | **LOT(S):** |  | | | | | | |  | | | **IS DWELLING VACANT?** | | | | | | | | **Yes No** | |
| **RESALE RENTAL** | | | | | **LANDLORD REGISTRATION ON FILE?** | | | | | | | | **Yes** **No** | | | | | | | | **OCCUPANCY DATE?** | | | | | |  | | |
| **SEPTIC OR WELL** | | | **Yes No** | | | | | If yes, you must provide No Further Action Letter from Gloucester County Department of Health prior to the issuance of a CCO. | | | | | | | | | | | | | | | | | | | | | |
| ***TYPE OF DWELLING UNIT*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SINGLE FAMILY** | | | | | | **DUPLEX** | | | | | **TOWNHOUSE** | | | | | | | **CONDO** | | | | | | **MULTIPLE DWELLING** | | | | | |
| **CHECK ALL THAT APPLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LIVING ROOM** | | | | | | | **DINING ROOM** | | | | | | **KITCHEN** | | | | | | | | | | | | | **FAMILY ROOM** | | | |
|  | | | | | | | **# OF BEDROOMS** | | | | |  | **# OF BATHS** | | | | | |  | | | |  | | | | | |
| **BASEMENT:  FINISHED  UNFINISHED** | | | | | | | | | | | | | **POOL:  INGROUND  ABOVE GROUND** | | | | | | | | | | | | | | | |
| **DECK** | | | | | | | **ENCLOSED PORCH** | | | | | | **GARAGE** | | | | | | | | | | | | **SHED** | | | |
| **FEES: $75.00 PER UNIT**. THE FEE INCLUDES APPLICATION, INSPECTION AND ONE (1) REINSPECTION; AN ADDITIONAL **$50.00 PER UNIT FOR AN ADDITIONAL REINSPECTION**. YOU MAY CALL THE HOUSING INSPECTION DEPARTMENT AT (856) 686-2223 TO SCHEDULE AN INSPECTION OR REINSPECTION. **PLEASE ALLOW TEN (10) BUSINESS DAYS FOR INSPECTION TO BE COMPLETED**.  THIS DWELLING IS NOT TO BE OCCUPIED UNTIL A CERIFICATE OF OCCUPANCY IS ISSUED BY THE HOUSING INSPECTOR OF DEPTFORD TOWNSHIP. **INSPECTIONS ARE ONLY VALID FOR 60 DAYS.**  **NOTE:** IT IS UNLAWFUL FOR THE OWNER OF ANY DWELLING UNIT TO RENT OR SELL SAID DWELLING UNIT THAT HAS RECEIVED A COMPLIANCE ORDER OR A NOTICE OF VIOLATION BEFORE CORRECTIONS OR REPAIRS ARE MADE. FURTHERMORE, ALL WORK THAT IS RELATED TO OPEN CONSTRUCTION PERMITS MUST BE COMPLETED AND PERMIT CLOSED OUT PRIOR TO THE ISSUANCE OF A CERTICATE OF OCCUPANCY.  I SWEAR THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO COMPLY WITH THE INFORMATION LISTED ABOVE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SIGNATURE OF APPLICANT** | | | | | | | | | | | | | |  | | **DATE OF APPLICATION** | | | | | | | | | | | | | |