

Lock Box Code:

TOWNSHIP OF LONG BEACH
6805 Long Beach Boulevard
Brant Beach, New Jersey 08008
609-361-1000 ext 6648

Resale Certificate of Occupancy

Single Family: \$75 Duplex: \$150 Commercial: \$125 Re-inspection: \$25

Owner of Record (Applicant): _____

Property Address: _____ (Circle One): Vacant or Occupied

(Circle One): One Family Two Family Condo Commercial/Other Sale Price \$: _____

Email Address: _____ Phone #: _____ Signature: _____

All Structures in the right-of-way must be removed prior to the issuance of this certificate. Subject properties and all structures will be visibly inspected for compliance of General Township Ordinances.

I/We certify that the applicant owns no land adjacent to this property unless otherwise indicated Ord. #83-7C

DO NOT WRITE BELOW THIS LINE

Application No.: _____ Check #: _____ Cash: _____

Smoke Detectors (Y/N) _____ Hard Wired (Y/N) _____ CO Detectors (Y/N) _____ Fire Extinguisher (Y/N) _____

EXTERIOR ACCESSORIES

Second Floor Room Count

Siding: _____

Living Room: _____

Shower: _____

Dining Room: _____

Hot Tub/Jacuzzi: _____

Bath: _____ 2 Fix: _____ 3 Fix: _____ 4 Fix: _____ 5 Fix: _____

Pool: _____

Bedrooms: _____

Irrigation System: _____

Kitchen: _____ Dishwasher: _____

Blvd. Sidewalk: _____

Garbage disposal: _____

Vision Clearance: _____ House #: _____

Sinks: _____ single: _____ double: _____

Basement: _____ Enclosed Pilings: _____

Family Room/Dens: _____

Garage: _____

Third Floor Room Count

Attached: _____ Detached: _____ # of Cars: _____

Living Room: _____

Water Meter Status: _____

Dining Room: _____

INTERNAL ACCESSORIES

Bath: _____ 2 Fix: _____ 3 Fix: _____ 4 Fix: _____ 5 Fix: _____

Type Heat: _____ Central Air: _____

Bedrooms: _____

Fireplace/Wood Stove: _____

Kitchen: _____ Dishwasher: _____

Washer/Dryer: _____ Utility Sink: _____

Garbage disposal: _____

Elevator: _____

Sinks: _____ single: _____ double: _____

First Floor room count

Family Room/Dens: _____

Living Room: _____

Comments

Dining Room: _____

Bath: _____ 2 Fix: _____ 3 Fix: _____ 4 Fix: _____ 5 Fix: _____

Bedrooms: _____

Kitchen: _____ Dishwasher: _____

INSPECTION DATE: _____

Garbage disposal: _____

BY: _____

Sinks: _____ single: _____ double: _____

RESULT OF INSPECTION: _____

Family Room/Dens: _____

FOR OFFICE USE ONLY: _____ Deed Restriction _____ Survey _____ NO open Permits _____ Elevation Cert _____ Unit Cert

BLOCK:

LOT:

QUALIFIER: