

Single Family: \$75.00  
Duplex: \$150.00  
Re-inspection: \$25.00

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

Resale C/O No: \_\_\_\_\_  
Check No: \_\_\_\_\_

## Resale Certificate of Occupancy

Date: \_\_\_\_\_ Owner of Record (Applicant): \_\_\_\_\_

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

(Circle One): Single Family Duplex Condo Commercial/Other Sale Price: \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_

House is currently Vacant: \_\_\_\_\_ Occupied: \_\_\_\_\_ Lock Box (if applicable): \_\_\_\_\_

- 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**

Smoke Detectors: \_\_\_\_\_ Hard Wired: \_\_\_\_\_ CO Detectors: \_\_\_\_\_ Fire Extinguisher: \_\_\_\_\_

### EXTERIOR ACCESSORIES

Siding: \_\_\_\_\_

Shower: \_\_\_\_\_

Hot Tub/Jacuzzi: \_\_\_\_\_ Pool: \_\_\_\_\_

Irrigation System: \_\_\_\_\_

Bld. Sidewalk/Curb: \_\_\_\_\_

Vision Clearance: \_\_\_\_\_ House #: \_\_\_\_\_

Basement: \_\_\_\_\_ Enclosed Pilings: \_\_\_\_\_

Garage: \_\_\_\_\_ Crawl Space: \_\_\_\_\_

Attached: \_\_\_\_\_ Detached: \_\_\_\_\_ # of Cars: \_\_\_\_\_

### INTERIOR ACCESSORIES

Type Heat: \_\_\_\_\_

Central Air: \_\_\_\_\_

Fireplace/Wood Stove: \_\_\_\_\_

Washer/Dryer: \_\_\_\_\_

Utility Sink: \_\_\_\_\_

Elevator: \_\_\_\_\_

### First Floor Room Count

Living Room \_\_\_\_\_ Dining Room: \_\_\_\_\_

Bath: \_\_\_\_\_ 2 fix: \_\_\_\_\_ 3 Fix: \_\_\_\_\_ 4 Fix: \_\_\_\_\_ 5 Fix: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Family Room/Den: \_\_\_\_\_

Kitchen: \_\_\_\_\_ Dishwasher: \_\_\_\_\_ Garbage Disposal: \_\_\_\_\_

Sinks: \_\_\_\_\_ Single: \_\_\_\_\_ Double: \_\_\_\_\_

### Second Floor Room Count

Living Room: \_\_\_\_\_ Dining Room: \_\_\_\_\_

Bath: \_\_\_\_\_ 2 Fix: \_\_\_\_\_ 3 Fix: \_\_\_\_\_ 4 Fix: \_\_\_\_\_ 5 Fix: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Family Room/Den: \_\_\_\_\_

Kitchen: \_\_\_\_\_ Dishwasher: \_\_\_\_\_ Garbage Disposal: \_\_\_\_\_

Sinks: \_\_\_\_\_ Single: \_\_\_\_\_ Double: \_\_\_\_\_

### Third Floor Room Count

Living Room: \_\_\_\_\_ Dining Room: \_\_\_\_\_

Bath: \_\_\_\_\_ 2 Fix: \_\_\_\_\_ 3 Fix: \_\_\_\_\_ 4 Fix: \_\_\_\_\_ 5 Fix: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Family Room/Den: \_\_\_\_\_

Kitchen: \_\_\_\_\_ Dishwasher: \_\_\_\_\_ Garbage Disposal: \_\_\_\_\_

Sinks: \_\_\_\_\_ Single: \_\_\_\_\_ Double: \_\_\_\_\_

Survey: \_\_\_\_\_ Elevation Certificate: \_\_\_\_\_ Deed Restriction: \_\_\_\_\_ No Open Permits: \_\_\_\_\_ Water Meter: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_