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: _____
Blvd. 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:** _____