

LOCK BOX # _____

LOCATION _____

INSPECTION DATE _____

REINSPECTION _____



BOROUGH OF
CLAYTON
NEW JERSEY

Construction Office (856)881-5385

Certificate of Occupancy Application for Resales and Rentals

Fees: Initial Fee \$65 Third Inspection \$25

*****Please fill out all questions. Write N/A for questions that do not apply. Incomplete applications will not be accepted *****

Block: _____ Lot: _____ Address needing inspection: _____

Property Type: ____ House Sale/ ____ House Rental/ ____ Apartment Rental/ ____ Commercial

Owner(s) Name: _____

Email: _____ Phone: _____ ext _____

Current Owner's Address(if different from above) _____

Realtor Company: _____ Agent: _____

Agent Email: _____ Agent Phone: _____

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New Buyer/Renter Name: _____

Buyer Realtor Company: _____ Agent Name & Phone: _____

Person Responsible to Contact for Inspection: _____ Phone: _____

Building Information (Please be Accurate)

1st Floor LR _____ DR _____ KIT _____ BATH _____ OTHER _____ BR _____ BR _____ BR _____

2nd Floor LR _____ DR _____ KIT _____ BATH _____ OTHER _____ BR _____ BR _____ BR _____

3rd Floor LR _____ DR _____ KIT _____ BATH _____ OTHER _____ BR _____ BR _____ BR _____

*******PLEASE DO NOT SCHEDULE A SETTLEMENT UNTIL CO IS APPROVED AND RETURNED*******

FEE: _____ Date Paid: _____ Cash: _____ Check: _____

Initial Inspection: PASS FAIL _____

Reinspection: PASS FAIL _____