The Township of Mullica

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Elwood, New Jersey 08217

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zoning@mullicatownship.org

RESALE CERTIFICATE APPLICATION

DATE: _____ INSPECTION #: _____

BLOCK: _____ LOT: _____ ZONE: _____

PROPERTY ADDRESS: _____

LOCK BOX#_____ LOCATION_____

***HOMEOWNER NAME*:** _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

***BUYER NAME*:** _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

REALTOR: NAME _____PHONE: _____

THE FOLLOWING INFORMATION WILL BE NEEDED TO PROCESS THE RESALE CERTIFICATE

1. COPY OF APPROVED WELL & SEPTIC TESTING
2. COPY OF ELEVATION CERTIFICATE IN FLOOD ZONE
4. APPLICATION FEE $75.00

DO NOT WRITE BELOW THIS LINE

FEE PAID: $_____ CASH _____ CHECK #: _____

ADMIN SIGNATURE: _____ DATE: _____

SCHEDULED INSPECTION DATE: _____ O PASSED O FAILED

REASON FOR FAILURE_____