

LOCK BOX # \_\_\_\_\_  
LOCATION \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_  
REINSPECTION \_\_\_\_\_



# BOROUGH OF CLAYTON NEW JERSEY

Construction Office (856)881-5385

Cthomas@claytonnj.com

## 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: \_\_\_\_\_

.....  
New Buyer/Renter Name: \_\_\_\_\_

Buyer Realtor Company: \_\_\_\_\_ Agent Name & Phone: \_\_\_\_\_

Person Responsible to Contact for Inspection: \_\_\_\_\_ Phone: \_\_\_\_\_

### Building Information (Please be Accurate)

1<sup>st</sup> Floor LR \_\_\_\_\_ DR \_\_\_\_\_ KIT \_\_\_\_\_ BATH \_\_\_\_\_ OTHER \_\_\_\_\_ BR \_\_\_\_\_ BR \_\_\_\_\_ BR \_\_\_\_\_

2<sup>nd</sup> Floor LR \_\_\_\_\_ DR \_\_\_\_\_ KIT \_\_\_\_\_ BATH \_\_\_\_\_ OTHER \_\_\_\_\_ BR \_\_\_\_\_ BR \_\_\_\_\_ BR \_\_\_\_\_

3<sup>rd</sup> 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 \_\_\_\_\_