

**APPLICATION FOR A
CERTIFICATE OF COMPLIANCE**

Date: _____

Developer: _____

Development Name: _____

Contact Person: _____

Phone No.: _____

Address to be inspected: _____

Block: _____ Lot: _____

Date property is ready for inspection: _____

New Homeowner Information:

Name of New Occupants: _____

Email address of New Occupants (optional) _____

A FINAL SURVEY WITH A SEAL FROM A NEW JERSEY STATE LICENSED ENGINEER IS
REQUIRED.

**PLEASE ALLOW A MINIMUM OF THREE DAYS FOR INSPECTION TO
TAKE PLACE.**

NOTICE:

AS OF MONDAY, JULY 31, 2003, A LETTER FROM THE TOWNSHIP ENGINEER'S
OFFICE WILL BE REQUIRED TO BE HANDED IN WITH THIS APPLICATION. THE
LETTER SHOULD BE FROM THE ENGINEERING DEPARTMENT RESPONSIBLE FOR
THE INSPECTIONS OF YOUR SITE. SHOULD ESCROW BE REQUIRED, PLEASE HAVE
THE TOWNSHIP ENGINEER INDICATE THE AMOUNT TO BE ESCROWED.

OFFICE USE ONLY:

_____ \$25.00 INSPECTION FEE

_____ \$25.00 RE-INSPECTION FEE

_____ RECEIVED BY

_____ RECEIVED BY

_____ DATE RECEIVED

_____ DATE RECEIVED

_____ CHECK NUMBER

_____ CHECK NUMBER