MONROE TOWNSHIP HOUSING OFFICE
125 VIRGINIA AVENUE
WILLIAMSTOWN, NJ 08094
856-728-9800 EXT 222
856-629-2143 (fax)
www.monroetownshipnj.org

OFFICE USE ONLY

REF#_____
OP_____
W_____ S_____

APPLICATION FOR CERTIFICATE OF OCCUPANCY

☐ **RESALE** ☐ **RENTAL**

PROPERTY INFORMATION FOR ADDRESS TO BE INSPECTED (PLEASE INCLUDE APT #)

ADDRESS: _____ **BLOCK:** _____ **LOT:** _____

Apt # _____ **Circle if Apply WELL / SEPTIC** **Type of Dwelling:** _____ **QUALIFICATION CODE:** _____

OWNER INFORMATION

NAME: _____ **PHONE #:** _____

ADDRESS: _____

Email: _____ **Fax #:** _____

Emergency Contact Name : _____ **Phone #:** _____

RESALE INFORMATION - $100 FEE **Settlement Date:** _____

BUYER'S NAME: _____ **Phone #:** _____

Address: _____ **Email:** _____

AGENT'S Name: _____ **Phone #:** _____

Fax # : _____ **Email:** _____

RENTAL INFORMATION - $50 FEE **Move in Date:** _____

TENANT'S NAME: _____ **Phone #:** _____

# of Bedrooms: _____ **# of Occupants:** _____ **# of Children:** _____ **Email:** _____

FEES (AS OF JANUARY 5, 2016): Make checks Payable to "Monroe Township Housing" **** INSPECTIONS ARE ONLY VALID FOR 60 DAYS.****
RENTAL $50 PER UNIT **RESALE $100**
***** FOR AS IS SALE PLEASE PROVIDE CONTRACT STATING BUYER IS RESPONSIBLE FOR CO*****
RE-INSPECTION/NO-SHOW FEE (FOR BOTH RENTAL AND RESALE INSPECTIONS) $25

NOTE: IT IS UNLAWFUL FOR THE OWNER OF ANY DWELLING UNIT TO RENT OR SELL SAID DWELLING UNIT THAT HAS RECEIVED A COMPLIANCE ORDER OR A NOTICE OF VIOLATION BEFORE CORRECTIONS OR REPAIRS ARE MADE. FURTHERMORE, ALL WORK THAT IS RELATED TO OPEN CONSTRUCTION PERMITS MUST BE COMPLETED AND PERMIT CLOSED OUT PRIOR TO THE ISSUANCE OF A CERTICATE OF OCCUPANCY. THIS DWELLING IS NOT TO BE OCCUPIED UNTIL A CERIFICATE OF OCCUPANCY IS ISSUED BY THE HOUSING INSPECTOR OF MONROE TOWNSHIP. A $100 PENALTY WILL BE CHARGED FOR NON COMPLIANCE.

CERTIFICATE OF REGISTRATION OF RENTAL UNIT
(THIS CERTIFICATION IS STRICTLY FOR ONE AND TWO FAMILY DWELLINGS)

_____
SUSAN MCCORMICK, RMC **DATE**

I SWEAR THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO COMPLY WITH THE INFORMATION LISTED ABOVE

X _____ X _____ X _____

SIGNATURE OF APPLICANT **DATE** **PRINT NAME OF APPLICANT**

OFFICE USE ONLY: _____ **DATE RECEIVED**
_____ **AMOUNT PAID** _____**RECEIVED BY**
METHOD OF PAYMENT :_____ **CHECK NUMBER** ___**CASH**
CREDIT CARD - LAST 4 DIGITS _____ **EXP DATE** ____

DATE OF INSPECTION_____
TIME_____

☐ **OFFICE USE ONLY:**
APPROVED FOR CO

DATE APPROVED _____

INSPECTOR _____