

OLDMANS TOWNSHIP
Housing Office - Jeryl M. Goff, Official
P O Box 416, 32 W. Mill Street
Pedricktown, NJ 08067
856-299-0780

CERTIFICATE OF OCCUPANCY APPLICATION

C O # _____

Date: _____ Block/Lot: _____

Inspection Address: _____

Type of Structure: SF _____ Duplex _____ Multi-Family _____ # of Units _____

Owner/Seller (circle one) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

List Names of All Occupants: Buyers/Tenant (circle one)

- | | |
|----------|--------------------------|
| 1. _____ | Adult/Child (circle one) |
| 2. _____ | Adult/Child |
| 3. _____ | Adult/Child |
| 4. _____ | Adult/Child |
| 5. _____ | Adult/Child |

Realtor (if applicable): _____

Agency Name: _____ Phone/Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Agent Name: _____ Phone/Fax: _____

PLEASE NOTE: REINSPECTIONS AND CORRECTIONS MUST BE MADE BEFORE TENANTS ARE PERMITTED TO MOVE IN

Office Use:

Inspection Date: _____ Time: _____ Pass _____ Fail _____

Re-Inspection Date: _____ Time: _____ Pass _____ Fail _____

3rd Inspection Date: _____ Time: _____ Pass _____ Fail _____

Inspection Fee: Paid _____ Owes _____ Check #: _____

2nd Inspection Fee: Paid _____ Owes _____ Check #: _____

3rd Inspection Fee: Paid _____ Owes _____ Check #: _____

Are Taxes Current? Yes No Delinquent Amount Due \$ _____

Is Sewer Current? Yes No Delinquent Amount Due \$ _____

Is Water Current? Yes No Delinquent Amount Due \$ _____

Open Permit? Yes No Open Permit Number _____

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**APPLICATION FOR ONE & TWO FAMILY DWELLING
CERTIFICATE OF SMOKE DETECTOR AND CARBON MONOXIDE
ALARM COMPLIANCE**

Dwelling Location: Block _____ Lot _____
Street _____

This is a _____ story dwelling with without a basement.

***Note: ALL BOXES MUST BE CHECKED IN ORDER FOR
CERTIFICATE OF OCCUPANCY TO BE VALID**

- Smoke detector and carbon monoxide detectors are located on every level of the residence, (basement, first floor, second floor) excluding crawl space and unfinished attics.
- Smoke detectors are located in every separate sleeping area.
- Smoke detector and carbon monoxide alarm outside each separate sleeping area within 10 feet.
- Carbon monoxide in basement area and finished attics.
- All smoke detectors and carbon monoxide alarms are in working order.

Applicant certifies all statements and information made and provide as part of this application are true to the best of his/her knowledge.

Signature _____ Date _____