



**THE CITY OF EAST ORANGE  
DEPARTMENT OF PROPERTY MAINTENANCE**

44 CITY HALL PLAZA  
EAST ORANGE, NEW JERSEY 07019

**LESTER E. TAYLOR III  
MAYOR**

**Dwight S. Saunders  
Director**

**Telephone: (973) 266-5320  
Fax: (973) 675-4192**

**DIVISION OF INSPECTIONS & CODE ENFORCEMENT**

**APPLICATION FOR CERTIFICATE OF CONFORMITY \* RESIDENTIAL/COMMERCIAL**

**BUILDING DIVISION USE**

**Building Division must verify that there are NO OPEN PERMITS and NO ELEVATOR VIOLATIONS.**

**Open Permits:** [ ] Yes [ ] NO      **Elevator Violations:** [ ] Yes [ ] NO

**Researched by** \_\_\_\_\_ **Date** \_\_\_\_\_

Was this Property purchased at an auction? [ ] Yes [ ] No  
Elevator at subject property? [ ] Yes [ ] No

**NO P.O. BOXES ACCEPTED. PLEASE PRINT!**

**CURRENT OWNER/SELLER:** \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

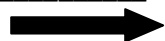
**PROPERTY ADDRESS:** \_\_\_\_\_ [ ] Residential [ ] Commercial  
BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ WARD \_\_\_\_\_  
Number of Dwelling Units: Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
Square Footage of building (If commercial) \_\_\_\_\_ # of Garages: \_\_\_\_\_

**SELLER'S ATTORNEY/REALTOR:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**SELLER'S AGENT OR CONTACT PERSON:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**PROSPECTIVE OWNER/BUYER:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**BUYER/ATTORNEY/REALTOR:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_



**MAIL CERTIFICATE AND RELATED CORRESPONDENCE TO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL FEES MUST BE PAID BY CERTIFIED CHECK OR MONEY ORDER ONLY**

This form must be completed in its entirety. At the time of inspection, all utilities must be operational. All inspections must be completed fifteen (15) working days prior to the closing date.

**IMPORTANT INFORMATION REGARDING INSPECTION FEES**

First re-inspection	No charge
Second re-inspection	\$ 75
Third and subsequent re-inspections	\$ 125

**Example:**

First inspection (1 or 2 Family)	\$ 200
First re-inspection	No charge
Second re-inspection	\$ 75
Third and Subsequent Re-inspections	\$ 125

**ALL INQUIRIES ARE TO BE DIRECTED TO INSPECTOR \_\_\_\_\_ AT (973) 266-5320.**

**\*\*\*\* FOR OFFICE USE ONLY \*\*\*\***

_____	_____	_____	_____
<b>Reference No.</b>	<b>Date</b>	<b>Initials</b>	<b>Fee</b>
			_____
			<b>Receipt No.</b>
			<b>Date</b>
_____	_____	_____	_____
<b>Date Assigned</b>	<b>Interviewer</b>	<b>Inspector</b>	

**INSPECTOR OR SUPERVISOR NOTES:**

**INSPECTOR'S TELEPHONE LOG:**

DATE OF CALL      PERSON CALLED & THEIR CONNECTION TO SUBJECT PROPERTY      STATUS OF CALL (e.g., Appt. made & date, left msg. etc.)

\_\_\_\_\_

\_\_\_\_\_

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