

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 must verify that there are NO OPEN PERMITS and NO ELEVATOR VIOLATIONS. Open Permits: [] Yes [] NO	BUILDING DIVISION USE				
Researched by Date	Building Division must verify that there	are NO OPEN PI	ERMITS	and NO ELEVATOR VIO	LATIONS.
Was this Property purchased at an auction? [] Yes [] No Elevator at subject property? [] Yes [] No NO F.O. BOXES ACCEPTED. PLEASE PRINT! CURRENT OWNER/SELLER: HOME ADDRESS	Open Permits: [] Yes [] NO	Elevator	Violatio	ns: [] Yes [] NO	
NO P.O. BOXES ACCEPTED. PLEASE PRINT! CURRENT OWNER/SELLER:		Research	ed by	Da	te
CURRENT OWNER/SELLER: HOME ADDRESS CITY STATE ZIP BUSINESS ADDRESS CITY STATE ZIP PHONE: Day () Evening () Fax () PROPERTY ADDRESS: LOT: WARD Number of Dwelling Units: Residential Square Footage of building (If commercial) SELLER'S ATTORNEY/REALTOR: ADDRESS: CITY STATE ZIP PHONE: Day () Evening () 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 () BUYER/ATTORNEY/REALTOR: ADDRESS: CITY STATE ZIP FAX () BUYER/ATTORNEY/REALTOR: ADDRESS: CITY STATE ZIP STATE ZIP BUYER/ATTORNEY/REALTOR: ADDRESS: CITY STATE ZIP] No		
HOME ADDRESS	NO P.O. BOXES ACCEPTED. PLEASE P	PRINT!			
BUSINESS ADDRESS	CURRENT OWNER/SELLER:				
PHONE: Day ()	HOME ADDRESS		CITY _	STATE	ZIP
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:	BUSINESS ADDRESS		CITY _	STATE	ZIP
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ADDRESS:	SELLER'S ATTORNEY/REALTOR:				
PHONE: Day ()				STATE	ZIP
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PROSPECTIVE OWNER/BUYER:					
ADDRESS:	,		,		,
PHONE: Day () Evening () Fax () BUYER/ATTORNEY/REALTOR: ADDRESS: CITY STATE ZIP	PROSPECTIVE OWNER/BUYER:				
BUYER/ATTORNEY/REALTOR:CITYSTATEZIP					
ADDRESS: CITY STATE ZIP	PHONE: Day ()	Evening ()	Fax ()
ADDRESS: CITY STATE ZIP	BLIVER/ATTORNEY/REALTOR.				
			CITY	STATE	7IP

NAME:		AIE AIND NELAIE	<u>D CORRESPONDENCE T</u>	<u>'O</u> :	
ADDRESS: CITY STATE ZIP PRINT NAME: SIGNATURE: DATE: DATE: DAT	NAME:				
PRINT NAME:					
ALL FEES MUST BE PAID BY CERTIFIED CHECK OR MONEY ORDER ON This form must be completed in its entirety. At the time of inspection, all utilities must be operatio inspections must be completed fifteen (15) working days prior to the closing date. IMPORTANT INFORMATION REGARDING INSPECTION FEES					
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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 No charge Second re-inspection \$ 75 Third and Subsequent Re-inspections \$ 125 ALL INQUIRIES ARE TO BE DIRECTED TO INSPECTOR	This form must	be completed in its	entirety. At the time of i	nspection, all utilities	must be operationa
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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) 26 ***** FOR OFFICE USE ONLY **** Ference No. Date Initials Fee Receipt No. Date Interviewer Inspector SPECTOR OR SUPERVISOR NOTES:		Example:			
Second re-inspection \$ 75 Third and Subsequent Re-inspections \$ 125 ALL INQUIRIES ARE TO BE DIRECTED TO INSPECTOR		First inspect	ion (1 or 2 Family)	\$ 200	
Third and Subsequent Re-inspections \$ 125 ALL INQUIRIES ARE TO BE DIRECTED TO INSPECTOR		•		•	
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#### FOR OFFICE USE ONLY #### ference No. Date Initials Fee Receipt No. Date Inspector SPECTOR OR SUPERVISOR NOTES: SPECTOR'S TELEPHONE LOG:		Third and So	ubsequent Re-inspections	\$ 125	
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Receipt No. Date The Assigned Interviewer Inspector SPECTOR OR SUPERVISOR NOTES: SPECTOR'S TELEPHONE LOG:		*	**** FOR OFFICE US	SE ONLY ****	
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SPECTOR OR SUPERVISOR NOTES: SPECTOR'S TELEPHONE LOG:	ference No.	Date	Initials		Date
SPECTOR'S TELEPHONE LOG:				Receipt No.	Date
				Receipt No.	Date
<u>FE OF CALL</u> PERSON CALLED & THEIR CONNECTION TO SUBJECT PROPERTY STATUS OF CALL (e.g., Appt. made & date, left ms	te Assigned	Interviewe		Receipt No.	Date
	te Assigned SPECTOR OR SUPERV	Interviewe		Receipt No.	Date
	te Assigned SPECTOR OR SUPERV SPECTOR'S TELEPHON	Interviewe ISOR NOTES:	r	Receipt No.	
	te Assigned SPECTOR OR SUPERV SPECTOR'S TELEPHON	Interviewe ISOR NOTES:	r	Receipt No.	