



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

44 CITY HALL PLAZA
EAST ORANGE, NEW JERSEY 07019

**TED R. GREEN
MAYOR**

Mark J. Barner
Acting Director

Telephone: (973) 266-5320
Fax: (862) 930-3580

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: _____ If LLC, Managing Member name required:

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: Day () _____ Evening () _____ Fax () _____

PROPERTY ADDRESS: _____ [] Residential [] Commercial

BLOCK: _____ LOT: _____ WARD _____ **IS PROPERTY CURRENTLY VACANT:** _____

Number of Dwelling Units: Residential _____ Commercial _____

Square Footage of building (If commercial) _____ # of Garages: _____

SELLER'S ATTORNEY OR 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: _____ If LLC, Managing Member name required:

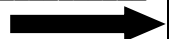
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: Day () _____ Evening () _____ Fax () _____

BUYER'S ATTORNEY OR REALTOR: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: Day () _____ Evening () _____ Fax () _____



CONTACT:

NAME: _____
PHONE #: _____ ALTERNATE PHONE #: _____
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 ******

Reference No. _____	Date _____	Initials _____	Fee _____
			Receipt No. _____
			Date _____
Date Assigned _____	Interviewer _____	Inspector _____	

INSPECTOR OR SUPERVISOR NOTES:

INSPECTOR'S TELEPHONE LOG:

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