



**THE CITY OF EAST ORANGE
DEPARTMENT OF CODE ENFORCEMENT**

44 CITY HALL PLAZA
EAST ORANGE, NEW JERSEY 07018

**TED R. GREEN
MAYOR**

Eladio Negron
Director

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

DIVISION OF HOUSING & INSPECTIONS

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 _____

NO P.O. BOXES ACCEPTED. PLEASE PRINT! / APPLICATION UPDATED AUGUST 10, 2022

CURRENT OWNER/SELLER: _____

If LLC, Managing Member name required:

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE: Day () _____ EMAIL: _____

PROPERTY ADDRESS: _____ [] Residential [] Commercial

BLOCK: _____ LOT: _____ QUALIFIER _____ *Is the property currently vacant?* [] Yes [] NO

Number of Dwelling Units: Residential _____ Commercial _____

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

Was this property purchased at an auction? [] Yes [] NO *Elevator at the subject property?* [] Yes [] NO

SELLER'S ATTORNEY OR REALTOR: _____

ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE: () _____ EMAIL: _____

PROSPECTIVE OWNER/BUYER: _____

If LLC, Managing Member name required:

ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE: () _____ EMAIL: _____

BUYER'S ATTORNEY OR REALTOR: _____

ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE: () _____ EMAIL: _____



CONTACT AND ACKNOWLEDGMENTS:

NAME: _____ AFFILIATION: _____

PHONE #: _____ EMAIL: _____

APPLICATION PAID FOR BY: [] Seller [] Buyer

By submitting this application, the applicant and/or contact affirms that the property's water system is connected to the public water supply system of the City of East Orange via a water meter from the East Orange Water Commission. If you cannot affirm the aforementioned, you must state the reason why via a separate written statement.

SIGNATURE: _____ DATE: _____

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

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

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

_____	_____	_____	_____
Reference No.	Date	Initials	Fee

			Receipt No.
			Date
			PAID FOR BY: [] Seller [] Buyer
_____	_____	_____	_____
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.)
_____	_____	_____
_____	_____	_____
_____	_____	_____