



**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
Director**

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

DIVISION OF 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! / APPLICATION & REQUIREMENTS UPDATED 6/18/18

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:

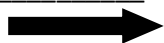
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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

BUYER'S ATTORNEY OR REALTOR: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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



CONTACT:

NAME: _____

PHONE #: _____ EMAIL ADDRESS: _____

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

*** FEES MUST BE PAID BY CERTIFIED CHECK, MONEY ORDER, DEBIT OR CREDIT CARD ***

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

****** 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.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____