



Township of Pennsville
 Construction Code Office
 90 N. Broadway
 Pennsville NJ 08070
 Tel: 856-678-3089 x 143 Fax: 856-678-7388
 www.pennsville.org

CERTIFICATE OF OCCUPANCY APPLICATION

C.O.# Date: Block: Lot:

Inspection Address:

Type of structure: SF Duplex MF Number of units: Community Residence* If Community Residence number of residents:
 *IF A GROUP/COMMUNITY HOME PLEASE SEE PAGE 2 FOR ADDITIONAL APPLICATION

Owner Seller Name:

Telephone (Day): Telephone (Evening): Email Address:

Mailing Address:

City: State: Zip Code:

Is the Buyer the Occupant after purchase No Yes

If No, name and address of buyer:

List the names of all occupants:

1. Buyer Tenant Adult Child
2. Buyer Tenant Adult Child
3. Buyer Tenant Adult Child
4. Buyer Tenant Adult Child
5. Buyer Tenant Adult Child

Agency Name: Telephone (Day):

Telephone (Evening): Fax: Email Address:

Mailing Address:

Agent Name: Telephone (Day):

Telephone (Evening): Fax: Email Address:

PLEASE NOTE: RE-INSPECTIONS AND CORRECTIONS MUST BE MADE BEFORE TENANTS OR OWNERS ARE PERMITTED TO MOVE IN.

Inspection Date: _____ Time: _____ Pass ___ Fail ___

Re-inspection Date: _____ Time: _____ Pass ___ Fail ___

3rd Inspection Date: _____ Time: _____ Pass ___ Fail ___

Fee: Inspection Fee: Paid: ___ Owes: 50.00 Check Number: _____

Re-inspection Fee: Paid: ___ Owes: 50.00 Check Number: _____

3rd inspection Fee: Paid: ___ Owes: 100.00 Check Number: _____

Are Taxes Current? Yes ___ No ___ Delinquent amount due: \$ _____

Is Sewer Current? Yes ___ No ___ Delinquent amount due: \$ _____

Is Water Current? Yes ___ No ___ Delinquent amount due: \$ _____

Open Permit? Yes ___ No ___ Open permit number _____



TOWNSHIP OF PENNSVILLE

APPLICATION FOR ONE & TWO FAMILY DWELLING CERTIFICATE OF SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

***Note: ALL BOXES MUST BE CHECKED IN ORDER FOR
CERTIFICATE OF OCCUPANCY TO BE VALID**

- Smoke detector and Carbon Monoxide detectors are located on every level of the residence, (basement, first floor, second floor) excluding crawl space and unfinished attics
- Smoke detectors are located in every sleeping area and within the living areas.
- Smoke detector and carbon monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms.
- Carbon monoxide in basement area and finished attics.
- All smoke detectors and carbon monoxide alarms are in working order.

This is a _____ story dwelling with without a basement

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his knowledge, information and belief.

Signature: _____ Date: _____



APPLICATION FOR CERTIFICATE

Permit # _____
 Date issued _____
 - or -
 Control # _____
 Certificate Application Received: _____
 Certificate Issued: _____

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Contractor _____
 Address _____ Address _____
 Address _____ License No. _____ Tel. (____) _____
 Tel. (____) _____ Federal Employee No. _____

ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
 OWNER/AGENT

OWNER AGENT