**RESALE and/or TENANT CHANGE APPLICATION**

TOWNSHIP OF HADDON

10 REEVE AVENUE, HADODN TOWNSHIP, NEW JERSEY 08108

(856) 854-1176 Ext. 6265

**For Residential Inspections Only -Interior & Exterior READ CAREFULLY**

The **fee** for said inspection will be **$150.00.** A check or money order made payable to The Township of Haddon, NJ must accompany this form. If a **Re-Inspection is required** an additional **$25.00** fee will be collected. The fee is non-transferable. If the change does not occur within six (6) months a new application will be required.

**(14) days notice must be given, INSPECTIONS CONDUCTED ON MONDAY & WEDNEDSY'S ONLY**

**Settlement Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Realty Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address to be Inspected:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Certificate of Compliance Certificate will only be issued when the premises inspected are consistent with The Township of Haddon’s Land Use and Property Maintenance Codes. This inspection will include, BUT **NOT LIMITED TO:**

Residential Requirements: 1. **Smoke Detector(s**) on each floor, including basement, Excluding

 Unfinished attic or crawl space.**(Read Stipulations in Checklist)**

 2. **Smoke Detector(s) & Carbon Monoxide Detector(s)** to be

**PLEASE READ ENTIRE (CHECKLIST / PACKET) TO ENSURE ALL REQUIREMENTS ARE UNDERSTOOD & ARE IN COMPLIANCE TO PREVENT A FAILURE** &RE-INSPECTION & ADDITIONAL FEES

 Installed outside each separate sleeping area and within 10 feet

 of bedrooms. **READ CAREFULLY for INSTALLATION LOCATIONS**

 3**. ADDRESS #**-**AFFIXED to HOUSE** : **4"** inches (min) in **Contrasting Color**

 4. **ALL UTILITIES** must be 'ON’

 5. **POOLS & HOT TUBS** must meet current **Enclosure Requirements**

 6. **LIFE SAFETY ITEMS** – Railing(s) on stairs, cover plates on electrical outlets, no wires hanging , exposed/open electrical boxes, etc.

 7. **Fire Extinguisher**- **ABC rated**-between **5-10 Lbs.** **MUST BE MOUNTED**

If buyer is buying the property **“As is”** we will need a notarized letter stating such. **No Certificate will be issued without this.**

ARE THERE ANY OPEN BUILDING PERMITS FOR THIS PROPERTY YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***FOR OFFICE USE** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1ST DATE OF INSPECTION \_\_\_\_\_\_\_\_\_\_\_ TIME OF INSPECTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cert# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd DATE OF INSPECTION \_\_\_\_\_\_\_\_\_\_\_ TIME OF INSPECTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTORS COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK NUMBER OR CASH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_