



Property Transfer Application TOWNSHIP OF EWING

MUNICIPAL COMPLEX 2 JAKE GARZIO DRIVE, EWING, NJ 08628 (609) 883-2900 Ext 7676 FAX (609) 406-1384

ADDRESS OF PROPERTY TO BE INSPECTED:

APPLICANT'S NAME: _____	BUYER'S NAME: _____
OWNER'S NAME: _____	BUYER'S ADDRESS: _____
OWNER'S ADDRESS: _____	CITY/STATE _____ ZIP _____
CITY/STATE _____ ZIP: _____	BUYER'S PHONE #: _____
PHONE: _____ LOCK BOX# _____	

If property is a RENTAL list all tenants names: _____

PROPERTY DESCRIPTION

Single Family Dwelling <input type="checkbox"/>	Number of Kitchens _____ Number of Bathrooms _____
Rental Dwelling <input type="checkbox"/> Renewal Rental <input type="checkbox"/>	Number of Bedrooms _____ Number of Den /Dining Room _____
Multi-Dwelling <input type="checkbox"/> # of units _____) \$125.00 Per Unit	Garage _____ Finished Basement _____ Yes _____ No
Commercial <input type="checkbox"/> (# of units _____) \$200.00 Per Unit	Is Basement being Rented _____

Smoke and Carbon Monoxide Detector Information

Number of Battery Operated Smoke Detectors: _____
Number of Hardwired Smoke Detectors: _____
Number of Carbon Monoxide Detectors : _____

COMPLETED REPORT: PICKUP _____ OR MAIL TO : _____

ALL CERTIFICATES AND/OR VIOLATION LIST MAY BE PICKED UP 3 WORKING DAYS AFTER THE INSPECTION

Applicant's Signature _____ Date: _____

A CO indicates that a visual inspection of the above structure was performed to ensure compliance with the International Property Maintenance Code, 1998 edition. A CO by no means constitutes nor acts as a guarantee of any part of the structure.

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

Block: _____ Lot: _____ OPEN PERMITS: NO Yes PERMIT NUMBER _____ Ref # _____

CASH \$ _____ CHECK # _____ CREDIT CARD _____ AMOUNT _____

COLLECTED BY _____ DATE _____