



Property Transfer Resale Application TOWNSHIP OF EWING

Ewing Construction Office, 1666 Pennington Rd. Ewing, NJ 08618

(609) 883-2900 Ext 7676

ADDRESS OF PROPERTY TO BE INSPECTED: _____

APPLICANT'S NAME: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY/STATE _____ ZIP: _____

PHONE: _____ LOCK BOX# _____

WE CAN'T ACCEPT JUST LLC- PLEASE PUT OWNERS NAME OF LLC

BUYER'S NAME: _____

BUYER'S ADDRESS: _____

CITY/STATE _____ ZIP _____

BUYER'S PHONE #: _____

WE CAN'T ACCEPT JUST LLC- PLEASE PUT OWNERS NAME OF LLC

PROPERTY DESCRIPTION

CHECK ONE

Single Family Dwelling \$125.00

Multi-Dwelling (# of units ___) \$125.00 Per Unit

Number of Kitchens _____ Number of Bathrooms _____

Number of Bedrooms _____ Number of Den /Dining Room _____

Garage _____ Finished Basement _____ Yes _____ No

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 : _____

******Please be aware that a representative from the Tax Assessor's office will be coming to your home on the day of your inspection******

Pick up: _____

Mail to: _____

Email: _____

Date: _____

Applicant's Signature

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

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

_____ OPEN UCC VIOLATIONS: _____ NO _____ Yes VIOLATION NUMBER _____ Ref

#S THE PROPERTY LISTED AS VACANT : _____ NO _____ Yes COMPLAINTS ON PROPERTY _____ NO _____ YES NUMBER _____

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

COLLECTED BY _____ DATE _____