



Property Transfer Resale 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: _____ OWNER'S NAME: _____ OWNER'S ADDRESS: _____ CITY/STATE _____ ZIP: _____ PHONE: _____ LOCK BOX# _____	BUYER'S NAME: _____ BUYER'S ADDRESS: _____ CITY/STATE _____ ZIP _____ BUYER'S PHONE #: _____
--	--

PROPERTY DESCRIPTION

CHECK ONE Single Family Dwelling \$125.00 <input type="checkbox"/> Multi-Dwelling <input type="checkbox"/> (# 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: _____

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 UCC PERMITS: _____ NO _____ Yes PERMIT NUMBER _____ Ref # _____

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

IS THE PROPERTY LISTED AS VACANT : _____ NO _____ Yes

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

COLLECTED BY _____ DATE _____