

CA# _____

TOWNSHIP OF WYCKOFF

APPLICATION FOR CERTIFICATE OF APPROVAL FOR RESALE

PROPERTY ADDRESS: _____ BLOCK: _____ LOT: _____ QUAL: _____

PROPERTY OWNER: _____ TELEPHONE #: _____ EMAIL _____

NEW MAILING ADDRESS: _____

BUYER'S NAME: _____ ADDRESS: _____

SELLER'S ATTORNEY: _____ TELEPHONE #: _____

BUYER'S ATTORNEY: _____ TELEPHONE #: _____

___ ONE FAMILY ___ TWO FAMILY ___ SEPTIC (REPAIRED__ REPLACED__) ___ SEWER

REQUESTED INSPECTION DATES _____

WILL BUYER OCCUPY? ___ YES ___ NO CLOSING DATE: _____

CONTACT PERSON _____ CELL #: _____

I HEREBY GRANT THE TOWNSHIP OF WYCKOFF PERMISSION TO INSPECT THE PREMISES LISTED ABOVE FOR COMPLIANCE OF ZONING CODES.

SIGNATURE OF OWNER OR AGENT

DATE SIGNED

INSPECTION FEE > 10 Business Days = \$150
INSPECTION FEE 4-10 Business Days = \$200
INSPECTION FEE < 4 Business Days = \$250
RE-INSPECTION FEE = \$ 40

ZONING DEPARTMENT
201-891-7000 X300

TOTAL:
\$0.00

SCHEDULED INSPECTION DATE: _____

CERTIFICATE OF APPROVAL

DATE APPROVED: _____ INSPECTOR: _____

CERTIFICATE WILL BE VALID FOR 120 DAYS FROM DATE OF ISSUANCE