

MINE HILL TOWNSHIP

10 BAKER STREET, MINE HILL, NEW JERSEY 07803

973-366-9031 x 5

Code Enforcement Department

CERTIFICATE OF HABITABILITY APPLICATION

RESALE OF A SINGLE FAMILY DWELLING

Address of Property: _____ Block: _____ Lot: _____

Name of Owner: _____ Telephone Number: _____

Address of Owner: _____

Closing date: _____

(Please check one)

<input type="checkbox"/> 15 + days prior to closing \$100	<input type="checkbox"/> 6 - 14 day prior to closing \$125	<input type="checkbox"/> 5 days or less \$175
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Description of Dwelling:

<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Multifamily	<input type="checkbox"/> Townhouse/ Condo	<input type="checkbox"/> Other
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Please check all that apply

<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Septic
<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Private Well

Well Certification for private well for non-potable water or irrigation _____

Number of

Floors including basement _____ Kitchens _____ Bathrooms _____

Out Buildings _____ Smoke Detectors _____ Carbon Monoxide Detectors _____

Purchaser: _____ Purchaser phone number: _____

I, the owner certify this information to be correct, no improvements have been installed without approved permits.

Owner Signature

Date

Phone Number

~~~~~FOR OFFICE USE ONLY~~~~~

Date received \_\_\_\_\_ Inspection Date \_\_\_\_\_ after 1pm

Fee \$ \_\_\_\_\_ Check/Cash Check # \_\_\_\_\_ Control# \_\_\_\_\_

Received and Entered by \_\_\_\_\_ Date \_\_\_\_\_