**Fire Safety and Habitability Application for**

**Resale of Residential Property**

Address of Property\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Block\_\_\_\_\_\_\_\_\_\_\_\_Lot\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualifer#\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  **Resale of Residential Property Closing date:** |
|  **15 + days prior to closing** **$100** |  **6-14 days prior to closing** **$125** |  **5 days or less****$175** |

Current Property Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purchaser Information**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |

**Description of Dwelling:** **Number of…..**

 Single Family Floors, including basement\_\_\_\_\_

 Duplex Bedrooms\_\_\_\_\_Kitchens\_\_\_\_\_\_

 Multi-family Bathrooms\_\_\_\_\_Garage/Sheds\_\_\_\_\_

 Townhouse/Condo Smoke Detectors\_\_\_\_\_\_\_\_

 Other CO Detectors\_\_\_\_\_\_\_\_

**Type of Heat** Oil Gas Electric

**Please check all that apply \*\*Please note if the property has a septic system, a copy of a septic inspection report by an engineer or a certified septic inspector is required. Proof of well decommissioning is also required. If you have questions regarding septic or wells, please contact the Health Department at 973-691-0900 ext. 7330.**

|  |  |
| --- | --- |
|  Finished Basement |  Unfinished Basement |
|  Municipal Sewer |  Septic |
|  Municipal Water |  Private Well |
|  Fire Extinguisher Present in Kitchen |  House # Identification |

**Owner Certification:**

I hereby certify that all the above information is true to the best of my knowledge, and belief, I am aware that if the foregoing information is willingly false, that I am subject to penalties and criminal prosecution.

Owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inspection Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_after 1pm**

**Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check/Cash Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Control #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received and Entered by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**