



Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

APPLICATION FOR CERTIFICATE OF COMPLIANCE
THIS IS NOT A CERTIFICATE OF OCCUPANCY

Block: _____ Lot: _____ **\$55.00 FEE**

Address of Inspection: _____
Is there a Lock Box? If so, Lock Box #: _____
Sellers or Owner Name: _____
Address/City/Zip: _____
Phone #: _____ Alt #: _____
Buyers Name: _____
Address/City/Zip: _____
Phone #: _____ Alt #: _____

I am requesting the following conditions listed below be inspected by a Certified Inspector from the Township of Willingboro and verified to see they are met and each individual unit is in working order:

- A smoke detector is on each level of the dwelling including basements, excluding attics or crawl spaces.
- Smoke detector and carbon monoxide alarm outside each separate sleeping area and within 10 feet of bedrooms
- All smoke detectors are in working order
- Carbon monoxide alarms in working order **OR** carbon monoxide alarms not required; no fuel-burning appliance; no attached garage
- Fire Extinguisher within 10 feet of kitchen

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**A CERTIFICATE OF OCCUPANCY IS REQUIRED ON ALL HOMES BEING
TRANSFERRED OR SOLD PRIOR TO OCCUPANCY**

I hereby certify that I am the owner in fee or authorized by the owner in fee to make this application as his/her agent. I understand that if any of the above statements are willfully false, I am subject to punishment.

Print Name: _____ Signature: _____
Date: _____ Phone #: _____

Inspection Date: _____ Time: _____
Check #: _____ Cash: _____ CC#: _____ Receipt # _____