

**INSPECTION DATE:
TUES – THURS**

**INSPECTION TIME
9AM – 1 PM**

**BOROUGH OF NEW MILFORD
930 River Road
New Milford, NJ 0764
Building Department
(201) 967-5044 ext 5415, 5560
(201) 262-1904 FAX NUMBER**

FAXED DPW DATE:

RECEIVED DPW DATE;

FEE: \$100.00

Closing Date: _____

Cash: _____ Check# _____ Date _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY FOR ONE AND TWO FAMIL HOMES

Address of property _____ Block _____ Lot _____

Name of Seller _____ Phone # _____

Name of Buyer _____ Phone # _____
[Print Clearly]

One Family ___ Two Family ___ Other _____ DEMO _____ (provide letter see checklist)

No. of Kitchens ___ Bathrooms _____ Bedrooms _____

Type of Heating Equipment: GAS ___ OIL _____

Oil Tank on Property / in structure? _____ (If yes, tank in use? ___) OR (Properly abandoned? ___)

Is there a well on the property? _____ (if yes, tested for safety and health? ___)

Is there a sump pump ___ yes ___ no Is it connected according to code ___ yes ___ no

Property shall be in compliance with all Borough and State codes and ordinances. (See attached form for information)
All open permits shall be closed and final inspections made. (Ie: Hot water heater, furnace, etc. permits must be Issued if not inspected prior to closings)

Sidewalks and Aprons are Homeowners responsibility and shall be in compliance with Borough Ordinance.

I (We) hereby certify that the foregoing statements made by me (us) are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Telephone contact (for inspection and/ or reschedule) _____

Signature of SELLER () BUYER () AGENT () _____

For office use only:

Department of Public Works Approval _____ Date _____

DPW Comments: _____

Construction Official Approval: _____ Date: _____

Construction Official Comments: _____
