



95 WEST VETERANS HIGHWAY  
JACKSON, NEW JERSEY 08527  
732-928-1200 EXT. 293  
732-833-0603 FAX #

**TOWNSHIP OF JACKSON  
DIVISION OF INSPECTION  
HOUSING INSPECTIONS**

HOUSING INSPECTORS:  
RAY POWELL X 343  
DEBRA BORBOTKO X 325

**RESALE/RENTAL APPLICATION FOR RESIDENTIAL  
CONTINUED CERTIFICATE OF OCCUPANCY**

**INSPECTION FEE \$75 Includes initial inspection and one reinspection. Each additional reinspection will be \$20.**  
**NO CERTIFICATES WILL BE ISSUED WITHOUT THE ABATEMENT OF ANY OUTSTANDING PERMITS,**  
**VIOLATIONS OR WORK CONDUCTED WITHOUT PROPER APPROVALS. COPY OF LANDLORD REGISTRATION REQUIRED.**

**PLEASE PRINT OR TYPE**      **VOID AFTER 6 MONTHS OF RECEIPT**      **REFERENCE NO:** \_\_\_\_\_

**BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_

ADDRESS TO BE INSPECTED \_\_\_\_\_

NAME OF BUILDING OWNER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

PRINT AGENT NAME \_\_\_\_\_ AGENT PHONE # \_\_\_\_\_

**RESALE CCO** \_\_\_\_\_ **RENTAL CCO** \_\_\_\_\_ **RENTERS NAME** \_\_\_\_\_

TYPE OF WATER SUPPLY    PUBLIC WATER \_\_\_\_\_    PRIVATE WELL \_\_\_\_\_ **(\*\* READ BELOW)**

**\*\*\*BEFORE CLOSING BUYER & SELLER MUST CERTIFY IN WRITING THAT THE WATER RESULTS WERE SHARED WITH BOTH PARTIES, AS PER NJDEP PRIVATE WELL TESTING ACT RULES, N.J.A.C. 7:9E – 9/16/02 \*\*\* ORIGINAL (WHITE COPY) WATER CERTIFICATION DOCUMENT MUST BE SUBMITTED BEFORE THE CONTINUED CERTIFICATE OF OCCUPANCY IS ISSUED.**

**FOR OFFICE USE ONLY**

**REQUESTED DATE OF INSPECTION** \_\_\_\_\_

1). TIME NOTIFICATION DATE \_\_\_\_\_ TIME OF INSPECTION \_\_\_\_\_ CONTACT MADE (YES) \_\_\_\_ (NO) \_\_\_\_

TO WHOM \_\_\_\_\_ MESSAGE LEFT ON ANSWERING MACHINE (YES) \_\_\_\_ CALL MADE BY \_\_\_\_\_

2). TIME NOTIFICATION DATE \_\_\_\_\_ TIME OF INSPECTION \_\_\_\_\_ CONTACT MADE (YES) \_\_\_\_ (NO) \_\_\_\_

TO WHOM \_\_\_\_\_ MESSAGE LEFT ON ANSWERING MACHINE (YES) \_\_\_\_ CALL MADE BY \_\_\_\_\_

3). TIME NOTIFICATION DATE \_\_\_\_\_ TIME OF INSPECTION \_\_\_\_\_ CONTACT MADE (YES) \_\_\_\_ (NO) \_\_\_\_

TO WHOM \_\_\_\_\_ MESSAGE LEFT ON ANSWERING MACHINE (YES) \_\_\_\_ CALL MADE BY \_\_\_\_\_

1). FAILED INSPECTION DATE \_\_\_\_\_ INSPECTED BY \_\_\_\_\_

2). FAILED INSPECTION DATE \_\_\_\_\_ INSPECTED BY \_\_\_\_\_

3). FAILED INSPECTION DATE \_\_\_\_\_ INSPECTED BY \_\_\_\_\_

**PRIVATE WATER APPROVAL** \_\_\_\_\_ **LANDLORD REGISTRATION** \_\_\_\_\_ **ASSOCIATION LETTER** \_\_\_\_\_

**EXISTING VIOLATIONS (LIST ON BACK) Y N**      **VIOLATIONS CHECKED BY** \_\_\_\_\_

**ALL DOCUMENTS SUBMITTED (YES) – (NO)** **APPROVAL DATE** \_\_\_\_\_ **INSPECTOR** \_\_\_\_\_

TYPE OF PAYMENT      CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

RE-INSPECTION PYMT      CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

**NOTICE TO APPLICANT**

**Notification will be made the day prior to the inspection. A contact number is required (\_\_\_\_\_).**  
**Someone must be present if there are personal belongings within. If vacant, your presence is not required. Leave the door open for the inspector who, will lock it prior to leaving.**