

**CERTIFICATE OF CONTINUED OCCUPANCY APPLICATION**

**QUINTON TOWNSHIP**  
DEPARTMENT OF HOUSING  
PO BOX 65  
QUINTON, NJ 08072  
856-935-7482

DATE: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

INSPECTION ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

TYPE OF DWELLING: SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ OTHER \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_

OWNER/SELLER (CIRCLE ONE) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #'S - DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_ CELL \_\_\_\_\_

BUYER/TENANT (CIRCLE ONE) \_\_\_\_\_

PHONE #'S - DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_ CELL \_\_\_\_\_

LIST NAMES AND AGES OF ALL TENANTS:

1. \_\_\_\_\_ AGE \_\_\_\_\_
2. \_\_\_\_\_ AGE \_\_\_\_\_
3. \_\_\_\_\_ AGE \_\_\_\_\_
4. \_\_\_\_\_ AGE \_\_\_\_\_
5. \_\_\_\_\_ AGE \_\_\_\_\_

REALTOR (IF APPLICABLE)  
AGENCY NAME \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENT NAME \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

INITIAL INSPECTION FEE \$40.00

DATE \_\_\_\_\_ TIME \_\_\_\_\_ PASS \_\_\_\_\_ FAIL \_\_\_\_\_

FEE: PAID \_\_\_\_\_ CHECK # \_\_\_\_\_

RE-INSPECTION FEE \$40.00

DATE \_\_\_\_\_ TIME \_\_\_\_\_ PASS \_\_\_\_\_ FAIL \_\_\_\_\_

FEE: PAID \_\_\_\_\_ CHECK# \_\_\_\_\_

**PLEASE NOTE: CORRECTIONS AND REINSPECTIONS MUST BE MADE BEFORE OCCUPANCY.**