

APPLICATION FOR  
CERTIFICATE OF CONTINUED OCCUPANCY

0.00 CASH OR MONEY ORDER MADE OUT TO TOWNSHIP OF MANALAPAN ( HOUSING INSPECTION)  
.00 CASH OR MONEY ORDER MADE OUT TO TOWNSHIP OF MANALAPAN ( SMOKE DETECTOR)

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

ADDRESS OF PROPERTY: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

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

PHONE # \_\_\_\_\_ APPROX. DATE OF CLOSING : \_\_\_\_\_

TYPE OF OCCUPANCY: SINGLE FAMILY RESIDENTIAL - APARTMENT - \_\_\_\_\_ (circle  
one) CONDO/TOWNHOUSE - OTHER: \_\_\_\_\_

REASON FOR CHANGE OF OCCUPANCY: RENTAL - RESALE - OTHER \_\_\_\_\_  
(Circle one)

NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON WHO MAY BE CONTACTED REGARDING THE ABOVE INSPECTION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DOES STRUCTURE HAVE: MUN. SEWER - MUN.WATER SEPTIC - WELL  
(BOARD OF HEALTH APPROVAL)  
(circle one)

I HEREBY GIVE PERMISSION TO AUTHORIZE PERSONNEL FROM THE TOWNSHIP OF MANALAPAN TO INSPECT THE ABOVE  
PREMISES AT ANY REASONABLE TIME.

\_\_\_\_\_  
SIGNATURE

NAME OF NEW OWNER: \_\_\_\_\_

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**TO BE COMPLETED BY CONSTRUCTION DEPARTMENT**

APPLICATION NUMBER \_\_\_\_\_

FEE RECEIVED BY: \_\_\_\_\_ M.O.: \_\_\_\_\_ CASH: \_\_\_\_\_

DATE FILED: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_