

**APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY
FOR SINGLE AND MULTI FAMILY HOMES**

DATE RECEIVED: _____ PHONE: _____

1. NAME OF SELLER: _____
2. NAME OF BUYER: _____
3. PROPERTY LOCATION: _____
4. BLOCK: _____ LOT: _____
5. NUMBER OF KITCHENS: _____
6. NUMBER OF BATHS: _____
7. NUMBER OF BEDROOMS: _____
8. NAME AND NUMBER OF PEOPLE IN FAMILY PRESENTLY RESIDING AT PREMISES: _____

9. NAME AND NUMBER OF PEOPLE IN FAMILY AFTER SALE, WHO WILL BE OCCUPYING PREMISES. ALSO NEED TELEPHONE # AND ADDRESS OF BUYER: _____

10. IS YOUR ALARM SYSTEM MONITORED: YES _____ NO _____

11. **CALL OFFICE TO SCHEDULE INSPECTION (201-569-7775)**

SIGNATURE OF SELLER /OR POWER OF ATTORNEY

Check for \$75.00 made payable to Borough of Cresskill

Inspector _____

Check # _____

Date Signed _____

Date Received _____

Batch # _____

Inspection Date _____