

CA# \_\_\_\_\_

TOWNSHIP OF WYCKOFF

APPLICATION FOR CERTIFICATE OF APPROVAL FOR RESALE

PROPERTY ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUAL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

BUYER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SELLER'S ATTORNEY: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

BUYER'S ATTORNEY: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

\_\_\_\_ ONE FAMILY    \_\_\_\_ TWO FAMILY    \_\_\_\_ SEPTIC (REPAIRED OR REPLACED)    \_\_\_\_ SEWER  
CIRCLE ONE

WILL BUYER OCCUPY? \_\_\_\_ YES \_\_\_\_ NO    CLOSING DATE: \_\_\_\_\_

CONTACT PERSON IF OTHER THAN LISTED ABOVE: \_\_\_\_\_ CELL #: \_\_\_\_\_

I HEREBY GRANT THE TOWNSHIP OF WYCKOFF PERMISSION TO INSPECT THE PREMISES LISTED ABOVE FOR COMPLIANCE OF ZONING CODES.

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

\_\_\_\_\_  
DATE SIGNED

INSPECTION FEE > 10 Business Days = \$150  
INSPECTION FEE 4-10 Business Days = \$200  
INSPECTION FEE < 4 Business Days = \$250  
RE-INSPECTION FEE = \$ 40

ZONING DEPARTMENT  
201-891-7000 X300

CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_ AMT PAID: \_\_\_\_\_

SCHEDULED INSPECTION DATE: \_\_\_\_\_

CERTIFICATE OF APPROVAL

DATE APPROVED: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

CERTIFICATE WILL BE VALID FOR 120 DAYS FROM DATE OF ISSUANCE