



City of Burlington
 525 High Street
 Burlington, NJ 08016
 609.386.0200 phone
 609.386.1258 fax
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RESALE CERTIFICATE OF INSPECTION APPLICATION

\$100.00 Fee

1.) **Property Information:** **Date of Application:** _____

Address of Inspection: _____ **Unit #:** _____

City/State/Zip: _____

Block: _____ **Lot:** _____ **# Bedrooms** _____ **Date of Closing:** _____

Property is:

- Single Family** **Two Family** **Multi-Family** **Commercial**

Is there a Lock Box? If so, Lock Box # _____

Note: By providing a lock box #, the Housing Inspector may go earlier or later than the schedule time. If you want to be present at the time of inspection, do not give a lock box #.

Use of Property:

- Owner Occupied** **Rental** **Investment** **Multi-Family** **Commercial**

2.) **Current Seller/Company Information:**

Seller's Name: _____

Seller's Business Name or LLC: _____

Seller's Address: _____

Seller's City/State/Zip: _____

Seller's Phone Number: _____ **Email:** _____

3.) **New Buyer/Company Information:**

Buyer's Name: _____

Buyer's Business Name or LLC: _____

Buyer's Home Address: _____

Buyer's City/State/Zip: _____

Buyer's Phone Number: _____ **Email:** _____

4.) **Agent/Realtor Information:**

Agent/Realtor Name: _____ **Phone#** _____

Address/City/Zip: _____ **Email:** _____

CERTIFICATION:

I hereby certify that I am either the legal property owner or am authorized by the legal owner to make this application. I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature (owner or agent)

Date