# Gloucester City Housing and Building Department

**700 Somerset St, Gloucester City, N.J. 08030**
**(856)456-7689 Fax (856)456-0289 Email: Housing@cityofgloucester.org**

## Application for Residential Certificate of Occupancy:

**Note:** All Utilities must be on for inspection. **Complete all sections below (print or type)**

Date Received _____ 1st Inspection _____ Time _____ CO # _____
Sale _____ Rental _____ Vacant _____ Occupied _____
Property Location: _____ Block: _____ Lot: _____
Apt #_____ Floor _____ Dwelling Type: Single _____ Attached _____ Row _____

Owner/Seller:_____ Address_____
Date of Birth_____ Drivers Lic # _____
Phone # _____ Fax # _____ Email _____

Buyer _____ Address_____
Date of Birth_____ Drivers Lic # _____
Phone # _____ Fax # _____ Email _____

Tenant _____ Address_____
Date of Birth_____ Drivers Lic # _____
Phone # _____ Fax # _____ Email _____

Agent _____ Address_____
Date of Birth_____ Phone_____ Fax_____ Email_____

Pet's types #: Dogs _____ Cats _____ Please note all must be licensed/limit of 3 total, Code:18

Number of rooms per floor:
1st Floor: LR_____ DR_____ KIT_____BTH_____ BR_____
2nd Floor: LR_____ DR_____ KIT_____BTH_____ BR_____
3rd Floor: LR_____ DR_____ KIT_____BTH_____ BR_____

**All Proposed occupants (children included) full names and dates of birth:**

_____
_____
_____

Please Sign Owner_____ Date_____
Please Sign Tenant/Buyer _____ Date_____
Check #_____ Cash _____ **Fee: $100.00**
Gain Access/Emergency Contact: _____ Phone _____

Please be advised that all violations are cited from chapter 55 and/or 66 of Gloucester City Housing Ordinance and International Property Maintenance Code (failure to abate violations could be subject to court action) by signing I acknowledge that all above are true and subject to prosecution by the fullest extent of the law. 55:13D(4) Warrant Waiver Required.

**Official Use Only:**

No Warrants: ___ Date: _____ Court Employee Signature: _____

Revised 02-04-15