

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:

FEES: Initial Certificate of Occupancy Inspection including 1st re-inspection: \$100.00; 2nd Certificate of Occupancy re-inspection: \$15.00; All succeeding Certificate of Occupancy re-inspections: \$50.00

FEES: RENTAL PROPERTIES ONLY: Initial Lead-Based Paint Inspection including 1st re-inspection: One (1) or Fewer Bedrooms the fee is \$250; Two (2) Bedrooms the fee is \$275; Three (3) or more Bedrooms the fee is \$300. Any re-inspections will be \$50 plus \$20 for each failed dust swipe. NOTE: If filing a Lead-Safe Certification or Lead-Free Certification from a Contractor the fee shall be \$50.

Official Use Only:

Date Received _____ Inspection Date/Time _____ CO # _____

LBP# _____

**Note: All Utilities must be on for inspection. Complete all sections below (print or type).
PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Sale _____ Rental _____ Vacant _____ Occupied _____

Rental Properties Only-Provide Property Built (Year): _____ and Floor Plan

Property Location: _____ Block: _____ Lot: _____

Apt # _____ Floor _____ Dwelling Type: Single _____ Attached _____ Row _____

Owner*/Seller _____ Date of Birth _____

Address _____

Phone # _____ Email _____

Buyer* _____ Date of Birth _____

Address _____

Phone # _____ Email _____

Tenant* _____ Date of Birth _____

Address _____

Phone # _____ Email _____

***Proof of identity required. In the case of LLCs, Partnerships, or Corporations, the name, address, and telephone number of the record owner or owners of the premises must be submitted (LLC Formation Papers).**

Official Use Only:

Proof of Identity Verified By: _____

Property Location _____ CO# _____

Realtor/Agent _____

Address _____

Phone# _____ Email _____

Bedrooms – Provide Square Footage for Each below:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

ALL EXISTING AND/OR PROPOSED OCCUPANTS (CHILDREN INCLUDED) FULL NAMES AND DATES OF BIRTH:

Please Sign Owner _____ Date _____

Please Sign Tenant/Buyer _____ Date _____

Check # _____ Cash _____

Gain Access/Emergency Contact: _____ Phone _____

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-Take a copy of the Certificate of Occupancy application to the Gloucester City Court Office at 313 Monmouth St, Gloucester City. Bring Warrant Waiver back to our office once sealed.

Official Use Only:

Date: _____ Court Employee Signature: _____

WARRANTS: YES (listed below) _____ NO WARRANTS FOUND: _____

Name/Date of Birth/Number of Warrants: _____

