

**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](mailto:Housing@cityofgloucester.org)**

**Application for Transfer of Title ( For Vacant Property Sale):**

**Note: Complete all sections below (print or type)**

Date Received \_\_\_\_\_ 1<sup>st</sup> Inspection \_\_\_\_\_ Time \_\_\_\_\_ TT # \_\_\_\_\_

Property Location: \_\_\_\_\_ Block: \_\_\_\_\_ Lot \_\_\_\_\_

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 \_\_\_\_\_

Agent: \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of rooms per floor:

1<sup>st</sup> Floor: LR \_\_\_\_\_ DR \_\_\_\_\_ KIT \_\_\_\_\_ BTH \_\_\_\_\_ BR \_\_\_\_\_

2<sup>nd</sup> Floor: LR \_\_\_\_\_ DR \_\_\_\_\_ KIT \_\_\_\_\_ BTH \_\_\_\_\_ BR \_\_\_\_\_

3<sup>rd</sup> Floor: LR \_\_\_\_\_ DR \_\_\_\_\_ KIT \_\_\_\_\_ BTH \_\_\_\_\_ BR \_\_\_\_\_

Smoke Detector Inspection: PASS \_\_\_\_\_ FAIL \_\_\_\_\_ Date \_\_\_\_\_

Inspectors Signature \_\_\_\_\_

Please Sign Owner \_\_\_\_\_ Date \_\_\_\_\_

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ **Fee: \$75.00**

Gain Access/Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**Inspection Requirements are as follows, (1) battery operated smoke detector per level of the structure.**

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.