



VINELAND FIRE PREVENTION BUREAU

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RESIDENTIAL DWELLING RESALE APPLICATION - ONE TO FIFTEEN UNITS

All information must be filled out completely or the application will not be accepted.

TYPE OF SERVICE: CCO (CONTINUED CERTIFICATION OF OCCUPANCY) CTT (CERTIFICATION OF TRANSFER OF TITLE)

PROPERTY INFORMATION:

DATE OF APPLICATION: _____ DATE OF SETTLEMENT: _____
ADDRESS: _____ CITY: _____ ZIP: _____
BLOCK: _____ LOT: _____ QUAL: _____ LOCK BOX: _____
SINGLE FAMILY: TWO FAMILY: TOTAL # OF BEDROOMS _____ MULTI-UNIT DWELLING (3 OR MORE): # OF UNITS: _____

OWNER / SELLER INFORMATION:

NAME OF OWNER: _____ PHONE #: _____
ADDRESS: _____ EMAIL: _____
CITY: _____ STATE/ZIP: _____

APPLICANTS NAME _____ Phone# _____ Email _____

TYPE OF SERVICE REQUESTED: (All amounts are billed PER Unit) Minimum of 4 business days required to complete services.

10 or more business days* \$ 125.00 x _____ = _____ Re-Inspection Fee** \$ 50.00 x _____ = _____
4 to 10 business days* \$ 200.00 x _____ = _____ Re-Inspection Fee** \$ 50.00 x _____ = _____

OTHER INFORMATION:

Real Estate Agent Law Firm Title Co. Handling sale or settlement of property Office Phone #: _____
Name: _____ Address: _____
Name of Person with Access to Property: _____ Contact Phone #: _____

IMPORTANT - * THIS INCLUDES ONE INITIAL INSPECTION.
**IF THE PREMISES FAILS INSPECTION, A NEW APPLICATION MUST BE COMPLETED AND AN ADDITIONAL FEE PAID PRIOR TO A REINSPECTION BEING CONDUCTED.
***ANY VIOLATIONS FOUND DURING THE INSPECTION SHALL BE REPAIRED AND REINSPECTED PRIOR TO CLOSING.

WHEN APPLYING FOR A CERTIFICATE OF TRANSFER OF TITLE (CTT) AN APPLICATION FOR THE CONTINUED CERTIFICATION OF OCCUPANCY (CCO) MUST BE APPLIED FOR AT THE SAME TIME. THIS INSURES YOU WILL GET YOUR TWO INSPECTIONS (ONE BEFORE CLOSING AND ONE BEFORE OCCUPANCY).

DISCLAIMER: The CCO inspection is the responsibility of the owner/seller. Buyer paid applications will not be refunded. This inspection shall not be considered a guarantee or warranty of any kind. Inspector will only check visible and accessible areas.

Signature of Applicant _____ Print _____ Date Signed _____

PAYMENT INFORMATION (INNER OFFICE ONLY): INITIAL INSPECTION RE-INSPECTION
DATE: _____ AMOUNT RECEIVED: _____ CHECK/MO #: _____ REC'D BY: _____

INSPECTION SCHEDULED (INNER OFFICE ONLY):
DATE: _____ TIME: _____ LOCK BOX #: _____ LOCATION: _____

PRIORS (INNER OFFICER ONLY):
UCC Permits: Open Permits: Closed Permits: Date Checked: _____ UCC Rep.: _____

Zoning: Use Permitted: Use Not Permitted: Type of Zone: _____
Pre-Existing Non-Conforming Use, May Continue: Non-Conforming Use, May Not Continue:
Date Checked: _____ Zoning Officer: _____

Notes _____

Code Enforcement violations: Open (Copy Provided): Closed: Date Checked: _____ CE Rep.: _____

INSPECTION INFORMATION (INNER OFFICE ONLY):