



Vineland FIRE PREVENTION BUREAU

Brian Murray Fire Official

General Office: (856) 794-2338

Physical Address: 400 W Plum St - Vineland, New Jersey 08360
Mailing Address: P.O. Box 1508 - Vineland, New Jersey 08362-1508
Email: fireprevention@vinelandcity.org

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):