

BOROUGH OF ENGLISHTOWN CCO APPLICATION

15 Main Street, Englishtown, NJ 07726 Office (732) 446-9235 Fax (732) 446-4979

Housing Inspector

John Marini

Secretary

Jeanne Keevins

BLOCK _____ LOT _____

ADDRESS OF INSPECTION _____

OWNER OF PROPERTY _____

ADDRESS OF OWNER _____

PHONE # _____ APPROXIMATE DATE OF CLOSING _____

TYPE OF OCCUPANCY SINGLE FAMILY RESIDENTIAL APT

CONDO/TOWNHOUSE OTHER

REASON FOR CO RENTAL RESALE

CONTACT PERSON IF DIFFERENT FROM ABOVE:

NAME _____

ADDRESS _____

PHONE _____

**A FEE OF \$100.00 MUST BE ENCLOSED WITH APPLICATION
PLEASE MAKE CHECK PAYABLE TO: BOROUGH OF ENGLISHTOWN**

SIGNATURE

OFFICE USE

Application Number _____

Check _____ Cash _____ By _____

Date Filed _____ Inspection Date _____