

**APPLICATION – RESIDENTIAL HEALTH AND SAFETY CERTIFICATE OF OCCUPANCY**

A Certificate of Occupancy fee of \$100 required before any inspections may be performed.

In the case of a rental unit inspection, all units and common areas in the building must be inspected at once, and the \$100 fee applies to each unit individually.

**Property Address:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Parcel #:** \_\_\_\_\_

**Number of Existing Dwelling Units:** \_\_\_\_\_ **Settlement Date:** \_\_\_\_\_

**Does this property have any variances, special exceptions, or use permits? Y / N If Yes, explain:** \_\_\_\_\_

**Current Tenant:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Current Property Owner:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Prospective Property Owner:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Prospective Tenant:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Realtor:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In accordance with the Honey Brook Borough Residential Health and Safety Inspection Ordinance, (Ord. 205, 10/5/09) we hereby apply for a Resale/Rental Certificate of Occupancy for the above referenced property.

The Applicant is responsible for scheduling the inspection with the Borough.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Buyer, Realtor)