

TOWNSHIP OF LAWRENCE
 DIVISION OF HOUSING
 2207 LAWRENCE ROAD
 LAWRENCE TOWNSHIP, NEW JERSEY 08648
 PHONE: 609-844-7032 FAX: 609-844-0282

PROPERTY TRANSFER APPLICATION

I. OWNER INFORMATION

Name of Owner:	Phone:
Address of Owner:	

II. PROPERTY DESCRIPTION

Address of Property to Be Inspected:	Block:	Lot:
Approximate Age of Building:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family	
<input type="checkbox"/> Public Water <input type="checkbox"/> Well Water	Is Public Water Connected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System	Is Public Sewer Connected? <input type="checkbox"/> Yes <input type="checkbox"/> No	

III. REALTOR INFORMATION (If Applicable)

Name of Realtor:	Phone Number:
Address:	Closing Date:

IV. SIGNATURE

<p>➤ A Certificate of Inspection expires one year from the original inspection date.</p> <p>➤ Applications must be submitted with the fee. Applications can be submitted in person or mailed to our office. We do not accept faxed or e-mailed applications. An inspection will not be scheduled until the application and fee have been received by our office. NO EXCEPTIONS</p> <p>➤ It is the responsibility of the owner or the owner's agent to contact the Division of Housing to schedule the inspection. Office hours are from 8:30 a.m. – 4:30 p.m. Monday through Friday.</p> <p>➤ The Certificate of Inspection will be typed the next business day following the inspection. The certificate can be picked up in our office after 10:00 a.m. or we will mail them. We do not fax or e-mail the certificates.</p>
Signature: X

(Office Use Only)

V. PAYMENT

Method of Payment: \$80.00 Fee
<input type="checkbox"/> Exact Cash Receipt # _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Money Order # _____
<i>Make checks payable to <u>Township of Lawrence</u>. Credit cards are accepted in the office only.</i>

VI. INSPECTION

Date of Inspection:	Certificate #:
Report Issued to: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up	Date Issued:

VII. OUTSTANDING PERMITS
