



Property Transfer Resale Application

TOWNSHIP OF EWING

1666 PENNINGTON ROAD, EWING, NJ 08618

(609) 883-2900 Ext 7676 FAX (609) 406-1384

ADDRESS OF PROPERTY TO BE INSPECTED: _____

APPLICANT'S NAME: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY/STATE _____ **ZIP:** _____

PHONE: _____ **LOCK BOX#** _____

WE CAN'T ACCEPT JUST LLC-PLEASE PUT OWNER'S NAME OF LLC

BUYER'S NAME: _____

BUYER'S ADDRESS: _____

CITY/STATE _____ **ZIP** _____

BUYER'S PHONE #: _____

WE CAN'T ACCEPT JUST LLC-PLEASE PUT OWNER'S NAME OF LLC

PROPERTY DESCRIPTION

CHECK ONE

Single Family Dwelling \$125.00 ☐

Multi-Dwelling ☐ # of units _____) \$125.00 Per Unit

Number of Kitchens _____ **Number of Bathrooms** _____

Number of Bedrooms _____ **Number of Den /Dining Room** _____

Garage _____ **Finished Basement** _____ **Yes** _____ **No** _____

Is Basement being Rented _____

Smoke and Carbon Monoxide Detector Information

Number of Battery Operated Smoke Detectors: _____

Number of Hardwired Smoke Detectors: _____

Number of Carbon Monoxide Detectors: _____

COMPLETED REPORT: _____ **PICKUP** _____ **OR MAIL TO :** _____

Date: _____

Applicant's Signature _____

A CO indicates that a visual inspection of the above structure was performed to ensure compliance with the International Property Maintenance Code, 1998 edition. A CO by no means constitutes nor acts as a guarantee of any part of the structure.

***** FOR OFFICE USE ONLY*****

Block: _____ **Lot:** _____ **OPEN UCC PERMITS:** _____ **NO** _____ **Yes** _____ **PERMIT NUMBER** _____ **Ref #** _____

OPEN UCC VIOLATIONS: _____ **NO** _____ **Yes** _____ **VIOLATION NUMBER** _____ **Ref #** _____

IS THE PROPERTY LISTED AS VACANT : _____ **NO** _____ **YES** _____ **COMPLAINTS ON PROPERTY :** _____ **NO** _____ **YES** _____ **NUMBER** _____

CASH \$ _____ **CHECK #** _____ **CREDIT CARD** _____ **AMOUNT** _____

COLLECTED BY _____ **DATE** _____