

**DELANCO TOWNSHIP
CERTIFICATE OF HABITABILITY APPLICATION**

FILE # _____

FEE: \$65.00

DATE: _____

Please complete and return this form with your payment to Delanco Township,
770 COOPERTOWN RD., DELANCO, NJ 08075-4498.

***NOTE: INSPECTIONS MUST BE ARRANGED FOR BY THE APPLICANT.
CALL KARL MOSIER AT 609-820-5620 FOR AN INSPECTION.***

OWNER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

BUYER

NAME _____

PHONE NUMBER: _____

PROPERTY WILL BE: OWNER OCCUPIED TENANT OCCUPIED (CHECK APPROPRIATE BOX)

ADDRESS OF INSPECTION

BLOCK _____ LOT _____

ADDRESS _____

COMPLETE IF APPLICABLE

AGENT/REALTOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

856-461-0561

www.delancotownship.com

856-461-0685 FAX

THE FOLLOWING INSPECTIONS ARE ALSO REQUIRED:
STATE SMOKE DETECTOR INSPECTION: CALL 856-764-8176
SEWER INSPECTION: CALL 856-461-6876

For Office Use Only

DATE RECEIVED: _____

CHECK NO. _____ CASH _____