



**Office of Property Maintenance and Fire Prevention**  
**Borough of Laurel Springs**  
**723 West Atlantic Avenue**  
**Laurel Springs, NJ 08021**

**Phone 856-784-0500**

**CERTIFICATE OF OCCUPANCY**

*Complete with each new occupancy, either sale or rental of property:*

**PROPERTY INFORMATION**

Lock Box Code: \_\_\_\_\_

Name of Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Occupancy Date: \_\_\_\_\_ Name of New Owner/Tenant: \_\_\_\_\_

Does owner possess a valid lead-safe certificate for this property?  YES  NO

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

*Completed by Borough Hall Staff:*

**PROPERTY FEES**  
**FEES ARE NON-REFUNDABLE**

**The fee for this inspection is \$ \_\_\_\_\_ -- Payable to the Borough of Laurel Springs**

Ten days notice is required for all inspections.

**For inspection requests within 4 to 9 days - \$ \_\_\_\_\_ For inspection requests within 3 to 1 days - \$ \_\_\_\_\_**

Payment Method: \_\_\_\_\_ Number: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Recorded by: \_\_\_\_\_

- Property Tax Status: Current Balance Due: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_ Dept. Initial: \_\_\_\_\_
- Sewer Utility Fee Status: Current Balance Due: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_ Dept. Initial: \_\_\_\_\_
- Property Code Fee Status: Current Balance Due: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_ Dept. Initial: \_\_\_\_\_

*Completed by Property Maintenance Officer:*

**PROPERTY CONDITION**

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
Refuse/Garbage	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hazards	<input type="checkbox"/>	<input type="checkbox"/>
Brush/Weeds/Trees	<input type="checkbox"/>	<input type="checkbox"/>	Electric Hazards	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>
Holes/Sidewalks/Drives	<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide Detector	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater Accumulation	<input type="checkbox"/>	<input type="checkbox"/>	Central Heating	<input type="checkbox"/>	<input type="checkbox"/>
Foundations Walls/Chimney	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Porches/Landings/Stairs	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Balconies/Railings	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen/Baths	<input type="checkbox"/>	<input type="checkbox"/>
Broken Glass/Doors	<input type="checkbox"/>	<input type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Roof Shingles/Gutters	<input type="checkbox"/>	<input type="checkbox"/>	Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned Motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Basements/Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>

**APPROVED**

**DENIED**

Conditions: \_\_\_\_\_

**Inspecting Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Certificates of Occupancy expire 45 days from the date of inspection**