



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: _____

<input type="checkbox"/> Property Tax Status:	Current Balance Due: _____	Last Payment Date: _____	Dept. Initial: _____
<input type="checkbox"/> Sewer Utility Fee Status:	Current Balance Due: _____	Last Payment Date: _____	Dept. Initial: _____
<input type="checkbox"/> 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