



CERTIFICATE OF COMPLIANCE APPLICATION -RESIDENTIAL

TOWN OF DOVER

Office: 100 Princeton Avenue

Mailing Address: 37 North Sussex Street, Dover N.J. 07801 (973) 366-2200 Ext. 2114

NOTE: The Town of Dover Code is available on the internet at: www.dover.nj.us

FOR TOWN USE ONLY

Date Filed: _____

Fee: Residential detached Single Family dwelling:..... \$75.00 per dwelling unit
Residential Two (2) Family or Multi-Family dwelling :..... \$75.00 for the first dwelling unit plus \$35.00 per additional dwelling unit
Rooming or Boarding House:..... \$75.00 for the dwelling unit plus \$15.00 per rooming/boarding unit

Paid By: Cash Check No. _____ Receipt No. _____

Review By : Zoning UCC Fire Code Enforcement Other : _____

Initial/Date _____

APPLICANT

Name: _____

Address: _____ Tel.No. (Home): _____

_____ Tel.No. (Work): _____

_____ Tel.No. (Cell): _____

Applicant is:

Proposed Tenant Property Owner Other _____

Certificate is requested as a result of a: Sale Rental New Construction

PROPERTY OWNER

Property Owner is:

Same as Applicant Other Than Applicant

If property owner is other than the applicant, provide the following information on the property owner(s):

Name of Current Property Owner: _____

Address: _____ Tel.No. (Home): _____

_____ Tel.No. (Work): _____

_____ Tel.No. (Cell): _____

Name of Proposed Property Owner: _____

Address: _____ Tel.No. (Home): _____

_____ Tel.No. (Work): _____

_____ Tel.No. (Cell): _____

Name of Proposed Property Tenant: _____

Address: _____ Tel.No. (Home): _____

_____ Tel.No. (Work): _____

_____ Tel.No. (Cell): _____

Note: If owner's address is other than the property location, the owner must file a "Non-Owner Occupied Premises" form

SUBJECT PROPERTY

Location/Address: _____

Block: _____ Lot(s): _____ Building Number: _____ Unit Number: _____

Does property contain three (3) or more units Yes No

If "Yes" provide State Multi-Dwelling Registration Number: _____

CERTIFICATIONS

I certify that the statements and the information submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I also certify that if I am not the property owner, that I have the consent of the property owner to make this application and that the property owner has full knowledge of the details of the application herewith being submitted.

NOTE: (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.) I also understand that the above fees include the cost of the initial inspection plus one (1) re-inspection. Additional re-inspections, whether due to non-compliance or inability to gain access for a scheduled re-inspection, will be charged \$75.00 per re-inspection visit. The cost for all inspections relating to the issuance of a Certificate of Compliance shall be paid in full no less than 24 hours prior to the scheduled re-inspection.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)