## CERTIFICATE OF OCCUPANCY

## FOR TRANSFER OF TITLE

## BOROUGH OF SHIP BOTTOM, OCEAN COUNTY, NEW JERSEY

|                                                        | PROPEI                                | RTY I         | DENTIFICATION                                     |                        |  |
|--------------------------------------------------------|---------------------------------------|---------------|---------------------------------------------------|------------------------|--|
| TAX MAP:                                               | BLOCK, I                              | LOT _         | , QUALIFIER                                       |                        |  |
| STREET ADDRES                                          | SS                                    |               |                                                   |                        |  |
| LOT SIZE:                                              |                                       | ZO            | NING DISTRICT: R-1, R-2, R-3, OF                  | R, SC, MFR, GC         |  |
| OWNER IF FEE (                                         | SELLER):                              |               |                                                   |                        |  |
| ADDRESS:                                               |                                       |               |                                                   |                        |  |
| SALES DATA:                                            |                                       |               |                                                   |                        |  |
| BUYER:                                                 |                                       |               |                                                   |                        |  |
| ADDRESS:                                               |                                       | TELEPHONE:    |                                                   |                        |  |
| SALES AGENT: _                                         | ·····                                 |               | TELEPHONE:                                        |                        |  |
| REAL ESTATE B                                          | ROKERAGE FIRM:                        |               |                                                   |                        |  |
| ADDRESS:                                               |                                       |               |                                                   |                        |  |
|                                                        |                                       | ASKING PRICE: |                                                   |                        |  |
|                                                        |                                       | SALE PRICE:   |                                                   |                        |  |
| LAND USE AN B                                          | UILDING DATA:                         |               |                                                   |                        |  |
| NUMBER OF PRI                                          | NCIPAL STRUCTURES                     | ON LO         | OT: ACCESSORY:                                    |                        |  |
| NO. OF HABITABLE STORIES:                              |                                       |               | LOWEST FLOOR ELEVATION:                           |                        |  |
| NUMBER OF DWELLING UNITS:                              |                                       |               |                                                   |                        |  |
|                                                        |                                       |               | IMERCIAL: APARTMENT: _                            | OTHER:                 |  |
| PROPSED USE: S                                         | FD: DUPLEX:                           | COM           | MERCIAL: APARTMENT:                               | OTHER:                 |  |
|                                                        |                                       |               | SECOND FL:                                        |                        |  |
| HEATING FUEL:                                          | GAS: OIL:                             |               | ELECTRIC:                                         |                        |  |
|                                                        | OTHER: No                             |               |                                                   |                        |  |
| HEATING SYSTE                                          |                                       |               | HOT WATER: BASEE                                  | BOARD:                 |  |
|                                                        |                                       |               | RADIANT ELECTRIC:                                 |                        |  |
|                                                        |                                       |               | IDED: ALL SEPARATE:                               |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
| The Owner(                                             | s) or their Agent hereby certify the  | at the al     | bove data represents the correct essential        |                        |  |
| characteristics of the pro-                            | operty proposed for sale, and does    | s hereby      | apply for a Certificate of Occupancy.             |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
| Owner's Signature                                      | I                                     | Date          | Agent's Signature                                 | Date                   |  |
|                                                        |                                       |               |                                                   |                        |  |
| BOROUGH OFFI                                           | CAL REVIEW AND INSP                   | ECTI          | ON REPORT:                                        |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
|                                                        |                                       |               |                                                   |                        |  |
| This serves                                            | notice and certifies that the subject | t prope       | rty conforms to the applicable zoning provisio    | ns of the Land         |  |
| •                                                      | • •                                   | •             | mitted use or, that the subject property is a val | •                      |  |
| This further serves notice<br>building is approved for | •                                     | ion of th     | ne visible parts of the building there are no imm | minent hazards and the |  |
| canding is approved to                                 | command occupancy.                    |               |                                                   |                        |  |
| CERTIFICATE #                                          | <u>!</u>                              |               |                                                   |                        |  |
|                                                        |                                       |               | Zoning Official                                   | Date                   |  |
|                                                        |                                       |               |                                                   | 240                    |  |