VERNON TOWNSHIP RE-OCCUPANCY & SMOKE DETECTOR CERTIFICATION APPLICATION

21 Church Street

Vernon, NJ 07462

973 - 764 - 4055 EXT. 2272/2273

AN INSPECTION WILL NOT BE SCHEDULED WITHOUT ALL REQUESTED INFORMATION

TRANSACTION TYPE: SALE RENTAL/LEASE CLOSING DATE or TENANCY CHANGE DATE:

If your transaction is a Rental/Lease, please complete and submit the Landlord Registration Form to the Clerk's Office.

PROPERTY BLOCK N°.	PROPERTY LOT	N°	□ VACANT □ OCCUPIED	
Property Address:				
OWNER'S NAME				
Owner Mailing Address:				
	er Telephone Nº Email or Fax Nº			
SELLER'S ATTORNEY				
Address				
Telephone Nº	Email or Fa	x Nº		
BUYER'S ATTORNEY				
Address				
	Email or Fax Nº			
SIGNATURE: (OWNER DUYER OF	() R □ AGENT) (PLEASE WRIT			
BE ADVISED THAT ANY DISCRED MUST BE ADDRESSED. FAILURE THE PROPERTY. THE FEE IS PAY	TO DO SO WILL RESULT IN	THE ISSUANCE OF PEN ICATION MADE PAYAE	IALTIES TO THE OWNER OF	
<u>11 OR MORE BUSINESS DAYS (</u> BETWEEN 5 & 10 BUSINESS DAY <u>4 BUSINESS DAYS</u> OR LESS OF	(S OF CLOSING: \$115.00	Returned checks are s	CK OR MONEY ORDER ONLY subject to bank fees whereupon ks will be accepted for both.	
IMPORTANT NOTICE: A	LL LLC'S MUST PRO	VIDE FORMATIC	ON DOCUMENTATION	