Block #	Lot #		c.o. #
		WAYS CREEK TOWNSHI & Zoning Officer	TP .
		CERTIFICATE OF OCUPANCY	CUPANCY
	PLEASE COMP	LETE (PRINT OR TYP	PE)
ADDRESS OF PROPER	RTY:		
CURRENT OWNERS NA	AME:		· · · · · · · · · · · · · · · · · · ·
ADDRESS:			
PHONE #:			
	PROPOSE	D BUYER / TENANT	
NAME :			
	REALTOR N	AME & PHONE NUMBER	<u> </u>
OWNER:			
BUYER:			
		OF DWELLING	
SINGLE FAMILY:	DUPLEX:	OTHER:	
CHECK AS APPROPRI	IATE		
# Bedrooms	#Baths	Kitchen	Attic
Living Room	Dining Room	Porch	Den
Family Room	Halls	Garage	Patio
Basement	Storage Bldg	Fence	Pool

APPLICATION IS NOT COMPLETE UNTIL THE OWNER/REALTOR CONTACTS THE

HOUSING/ZONING OFFICER TO SCHEDULE THE APPOINTMENT.

PLEASE CALL 856-935-1549 X # 6560 or EMAIL zoning@lowerallowayscreek-nj.gov
THIS DWELLING IS NOT TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED
BY THE HOUSING/ZONING OFFICER OF LOWER ALLOWAYS CREEK TOWNSHIP.

SIGNATURE: SELLERS REALTOR / CURRENT OWNERS

NAME:

____ DATE: ____