Borough of Harvey Cedars
7606 Long Beach Blvd. ~ P.O.Box 3185
Harvey Cedars, NJ 08008
609-361-6016 ~ FAX 609-361-6031
zoning@harveycedars.org

RESALE CO #

RESALE CERTIFICATE OF OCCUPANCY

_____ _____ _____
Property Address **Block** **Lot**

Seller: _____
Address: _____
_____
Contact #: _____

Buyer: _____
Address: _____
_____
Contact #: _____

Agent: _____
Address: _____
_____
Contact #: _____

Sale Price: _____

Description of Property: Single_____ Duplex_____ Other_____

_____

The Owner, or his Agent, hereby certifies that the above data represents correctly the essential characteristics of the property proposed for sale, and does hereby apply for a continuing Certificate of Occupancy.

_____
Owner/Signature

OR

_____
Agent/Signature

If a deficiency is found in the initial inspection, the Zoning Officer will contact the applicant or agent to discuss what is needed to remedy the deficiency.

The signature of the Zoning Officer or designee on this application represents approval of the Resale Certificate of Occupancy with the following conditions:

_____
Zoning Officer Date