

Date

## RESALE CERTIFICATE OF OCCUPANCY

<b>Property Address</b>		- F	Block	Lot
<b>Seller:</b> Address:				
Contact #:				<u> </u>
Buyer: Contact Name: Address:				  
Contact #: Email:				  
Please provide inform received from the cour				e new owner(s) until the deed is Borough Employees.
Agent:				
Contact #: Email:				  
Sale Price:				_
<b>Description of Property</b>	y: Single	Duplex	_ Other_	
The Owner, or his Agent, he property proposed for sale,				ctly the essential characteristics of the of Occupancy.
Owner/Signature		OR	Agent	t/Signature
If a deficiency is found agent to discuss what		1	0 00	er will contact the applicant or
The signature of the Zonin Occupancy with the follow		ee on this applicati	on represents	approval of the Resale Certificate of

Zoning Officer