

TOWN OF SECAUCUS
Construction Department
Municipal Government Center
1203 Paterson Plank Road, 4th Floor
Secaucus, New Jersey 07094
TEL: 201-330-2027
FAX: 201-974-1387

**APPLICATION FOR
SALE/RENTAL CERTIFICATION
(RESIDENTIAL AND MIXED USES)**

*****ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY*****

DATE: _____ Sale/Rental Certification Number: _____

PROPERTY ADDRESS: _____

ONE FAMILY TWO FAMILY TOWNHOUSE CONDOMINIUM
 MIXED USE _____ (#) of commercial units and _____ (#) of residential units.

CURRENT PROPERTY OWNER FULL NAME: _____

PROPERTY OWNER ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE #: _____ EMAIL: _____

WAS THE BUILDING/STRUCTURE BUILT BEFORE 1978? NO YES
WAS THE BUILDING/STRUCTURE RENOVATED? NO YES If yes, year(s) _____
*Under State law, certain residential structures require a lead-based paint inspection. An additional \$50 fee may be assessed if needed.

Please indicate type of Sale/Rental Certification Application and complete applicable section below:

<input type="checkbox"/> Sale of Property	<input type="checkbox"/> New Tenant/Occupant
NEW BUYER FULL NAME: _____	TENANT FULL NAME: _____
CURRENT ADDRESS: _____	ADDRESS/UNIT #: _____
E-MAIL: _____ PHONE #: _____	E-MAIL: _____ PHONE #: _____
If applicable, REALTOR NAME AND CONTACT #: _____ _____	If applicable, REALTOR NAME AND CONTACT #: _____ _____
CLOSING DATE: _____	OCCUPANCY DATE: _____

I certify that the foregoing information provided by me is true and correct. I am aware that if any of the foregoing information is willfully false, I may be subject to punishment. The property owner further consents to the inspection of the property, and is responsible for access to the property at the time of the scheduled appointment.

APPLICANT'S SIGNATURE: _____

PRINT NAME AND CONTACT #: _____

FEE SCHEDULE FOR SALE/RENTAL CERTIFICATION INSPECTIONS:

RENTAL UNITS - \$100

SALE of ONE FAMILY - \$100

SALE of TWO FAMILY - \$125

SALE of THREE FAMILY - \$145

SALE of FOUR FAMILY - \$160

\$160 plus \$10 extra per Unit for sale of any FIVE FAMILY and above

EXPEDITED INSPECTION FEE (request for inspection to be completed in less than 10 days): Additional \$50
 IF 3 SCHEDULED INSPECTIONS ARE FAILED OR MISSED: each additional inspection \$37

FEE FOR LEAD BASED PAINT INSPECTION (if needed): \$50

EXPEDITED INSPECTION FEE (request for inspection to be completed in less than 10 days): Additional \$30
 IF 3 SCHEDULED INSPECTIONS ARE FAILED OR MISSED: each additional inspection \$30

INTERNAL USE ONLY: DO NOT WRITE BELOW THIS LINE

NOTES:				
Inspections Needed: <input type="checkbox"/> Sale/Rental Certification <input type="checkbox"/> Lead Based Paint Inspection <input type="checkbox"/> Expedited Basis				
Total Fee Due:	Date of Payment:	Amount Received:	Payment Method:	Staff Member Accepting Payment:
			<input type="checkbox"/> CHECK # _____ # _____ <input type="checkbox"/> MONEY ORDER	