



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854

TOWNSHIP OF PISCATAWAY

Municipal Certificate of Continued Occupancy Application – Sale of Residential Property

****Please complete entire application and print clearly****

Property Address: _____ Block: _____ Lot: _____

Property is: Single Family Two-Family Multi-Family

Seller's Name: _____ Phone Number: _____

Seller's Address (if other than above): _____

Buyer's Name: _____

Buyer's Current Address: _____

Seller's Attorney: _____ Phone Number: _____

Are there any open building permits? Yes: No: Explain: _____

Is there a well/well water on the property? _____

Date of Closing: _____

Applicant's phone number (if not homeowner): _____

Your inspection report and approved MCCO is e-mailed to you

Your email: _____

Applicant's email (if not homeowner): _____

Print Name of Homeowner or Applicant

Signature of Homeowner or Applicant

Date

****Note: Information that is not clearly written will result in delaying your inspection report, and/or your approved CCO.****