



Township of Long Hill  
 Office of The Fire Official  
 915 Valley Road  
 Gillette, NJ 07933  
 Phone: 908-647-8000, Ext. 307  
 Fax: 908-647-4150

## Application for Certificate for Resale of Residential Property Only NO PERMITTED OCCUPANCY

PROPERTY INFORMATION			
Address:	Block:	Lot:	Qual Cd#:
<input type="radio"/> Millington <input type="radio"/> Stirling <input type="radio"/> Gillette <input type="radio"/> Meyersville <input type="radio"/> Homestead			

SINGLE-FAMILY: \_\_\_\_\_ 2-FAMILY RESIDENCE: \_\_\_\_\_ 3+ FAMILY RESIDENCE: \_\_\_\_\_

<b>OWNER or SELLER NAME</b> (whichever is applicable):			Telephone:
Address:			
City:	State:	Zip:	Email:

<b>BUYER'S NAME:</b>			Telephone:
Address:			
City:	State:	Zip:	Email:

<b>AGENT'S NAME:</b>			Telephone:
Address:			
City:	State:	Zip:	Closing Date:

Please complete form and submit w/proper payment to: "Township of Long Hill", Office of the Fire Official.

<b>FEE: \$100</b> When completed application and fee are received more than 10 <b>BUSINESS</b> days prior to closing date	<b>FEE: \$140</b> When completed application and fee are received 4 to 10 <b>BUSINESS</b> days prior to closing date	<b>FEE: \$211</b> When completed application and fee are received less than 4 <b>BUSINESS</b> days prior to closing date
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I hereby acknowledge that the information given is correct, that I am the owner or duly authorized to act on the owner's behalf, and as such understand that **this certificate is for resale of the property only – with NO permitted occupancy.**

**FAILURE TO HAVE STRUCTURE INSPECTED FOR COMPLIANCE WITH NJAC 5:70 – 2.3(a) PRIOR TO RE-OCCUPANCY WILL RESULT IN PENALTIES OF UP TO \$500 FOR FIRST OFFENSE AND \$2,000 FOR SECOND OFFENSE.**

Owner or Agent's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer or Agent's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\* FOR OFFICE USE ONLY \***  
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FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_ CASH: \_\_\_\_\_  
 REQ #: \_\_\_\_\_ PMT #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_  
 PERMIT NUMBER: \_\_\_\_\_ INSPECTION DATE/TIME: \_\_\_\_\_