

BOROUGH OF WESTVILLE

RESIDENTIAL APPLICATION CERTIFICATE of OCCUPANCY

Date _____ \$60.00 Fee Property being: SOLD RENTED
Property Location: _____ Block _____ Lot _____

Apartment Number: _____ Floor: _____

Owner/Seller: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Buyer: _____

Phone: _____ Mobile: _____ Fax: _____

Agent: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Dwelling Information:

Single ___ Duplex ___ Attached ___ Multi-Family ___ Rooming House ___

Check each room dwelling:

1st Floor LR ___ DR ___ Kitchen ___ Bath ___ Other ___ Basement ___
BR ___ BR ___ BR ___ BR ___ Attic ___

2nd Floor LR ___ DR ___ Kitchen ___ Bath ___ Other ___ Basement ___
BR ___ BR ___ BR ___ BR ___ Attic ___

3rd Floor LR ___ DR ___ Kitchen ___ Bath ___ Other ___ Basement ___
BR ___ BR ___ BR ___ BR ___ Attic ___

For all occupants please list below:

Name, date of birth, contact phone number

NAME

DOB

PHONE NUMBER

NAME	DOB	PHONE NUMBER

Signature

Date

For official use:

Fee(s) Received with Application: YES _____ NO _____

CHECK NO. _____ OR CASH _____

If no fee, application returned: YES _____ INITIALS: _____