



**WILLIAM GALESE
MAYOR**

TOWNSHIP OF FAIRFIELD

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FIRE PREVENTION OFFICE

RESIDENTIAL APPLICATION - CERTIFICATE OF RE-OCCUPANCY

FEE OF \$125.00 MUST ACCOMPANY THIS APPLICATION

RENTAL _____ **SALE** _____ **Townhouse** _____ **Zone** _____

Date and time premises can be inspected: _____

Address of Property: _____

Block: _____ **Lot:** _____

Name of NEW owner (BUYER): _____

Telephone Number of NEW (BUYER): _____

Email of NEW owner (BUYER)owner (BUYER): _____

Number of NEW people that will be living in the home (BUYER): _____

Number of bedrooms: _____

Names of NEW people living in house:

Relationship:

- | | |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |

Name of PRESENT owner (SELLER): _____

Telephone Number of PRESENT owner (SELLER): _____

Cell Number _____

Email of PRESENT OWNER (SELLER): _____

Owner (SELLER) or representative signature: _____ **Date:** _____