

Egg Harbor City Construction Office
500 London Ave.
Egg Harbor City, NJ 08215
609-965-1616
Donnah@Eggharborcity.org

EGG HARBOR CITY



Building Department

DATE: _____

OCCUPANCY TRANSFER INSPECTION: RENTAL: _____ SALE: _____

FEE: \$75.00 per unit x # of Units: _____ = Total: _____
Exact Cash, Money Order or Check made out to City of Egg Harbor City.

CERTIFICATE #: _____ **CHECK #:** _____

Address to be inspected: _____

Owner: _____

Owner's address if different then above: _____

_____ Telephone #: _____

Purchaser: _____ **Address:** _____

_____ Telephone #: _____

Email address: _____

Number of Tenants: _____ Names of Tenants: _____

_____ Telephone #: _____

Present Use: _____ Proposed Use: _____

BUILDING CHARACTERISTICS

WOOD FRAME () NUMBER OF DWELLING UNITS: _____
MASONRY () NUMBER OF BEDROOMS: _____
STEEL FRAME () BASEMENT: _____
Type of Heat: _____ Public Sewer: _____ Septic: _____
Fuel Oil: _____ Public water: _____ Well: _____

LOCK BOX # if applicable: _____ LOCATION: _____