



Borough of Sussex

*2 Main Street
Sussex, New Jersey 07461
Phone: 973-875-4831
Facsimile: 973-875-6261*

CERTIFICATE OF HABITABILITY RESALE

Please return completed form and check made payable to Sussex Borough.

*See fee list next page

*Please print clearly or type information

Block _____ Lot _____

Physical Address: _____

Number of Housing Units: _____

Current Owners Name: _____
Current Owners Phone: _____
Current Owners Email: _____
Current Owner's Address: _____

Buyer's Name: _____
Buyer's Phone: _____
Buyer's Email: _____
Buyer's Address: _____
Will this be occupied by buyer? YES NO

Broker/Agent: _____
Broker's Telephone: _____
Broker's Address: _____
Broker's Email: _____
Broker's Fax: _____

Closing Date: _____

FAX: _____

Send fax to whom? : _____

IF APPLICABLE NOTIFY WATER/SEWER DEPT. FOR FINAL READING!

Signature of Owner

Date

FOR OFFICIAL USE ONLY

AMOUNT PAID: \$ _____ Cash Check Check # _____

DATE PAID: _____

CERTIFICATE NUMBER _____

INSPECTION DATE: _____

Received By: _____ Date: _____



CERTIFICATE OF HABITABILITY RESALE

FEES LISTING

Checks should be made payable to Sussex Borough.

MULTIPLE UNITS AND 1 FAMILY UNITS

IF REQUEST IS MADE	FEE APPLIED
10 Business days prior to change in of occupancy	\$50.00 PER Unit
LESS than 10 Business days but MORE than 4 Business Days prior to change in of occupancy	\$85.00 PER Unit
Less than 4 business days prior to change in of occupancy	\$150.00 PER Unit

Today's Date: _____

Closing Date: _____

Number of business days prior to inspection: _____

Total Number Units _____ **X** _____ **(applicable fee)=** _____ **TOTAL DUE**

Inspections are done by appointment only on business days. An adult above the age of 18 must be present for the inspection.