



Township of Mount Holly – Housing Office  
17 Pine Street, Mount Holly, NJ 08060  
609-864-1203 or 609-864-2464

## RESALE INSPECTION APPLICATION

(Form must be completely filled out/All information must be supplied)

Date: \_\_\_\_\_

Block#: \_\_\_\_\_ Lot # \_\_\_\_\_ Number of Units: \_\_\_\_\_

Property Address: \_\_\_\_\_

Occupied:  Vacant:

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Street City State Zip

Owner Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Manager/Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Heat: Gas  Oil  Electric  Sprinklers/Other

Date of Heater Certification: \_\_\_\_\_

Date of Fire Certification: \_\_\_\_\_

Settlement Date: \_\_\_\_\_

Buyer's Contact Information: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature Print Name Date

Paid by: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount \_\_\_\_\_