



John F. Bencivengo
MAYOR

Township of Hamilton

Department of Community Planning and Compliance
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DIVISION OF INSPECTIONS

Phone (609) 890-3666

Block # _____

Date: _____

Lot # _____

NOTICE OF CHANGE OF OCCUPANCY

Please fill in all information, including Zip Code, realtor, etc.

Name of Owner: _____

Address of Property
Being Sold or Rented: _____

Address of Owner
(if different from above) _____

Owner's Phone (Home) _____ (Work) _____

TYPE OF DWELLING:

- | | |
|---|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Rental or Lease |
| <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Sale |
| <input type="checkbox"/> Multi-Family Dwelling | <input type="checkbox"/> other |
| <input type="checkbox"/> Other (Condo, Townhouse, etc.) | |

TYPE OF WATER SERVICE:

- Public Water Supply
- On-Site Well Water

TYPE OF SEWAGE DISPOSAL:

- Public Sewer
- On-Site Septic System

Owner's Realtor or Attorney: _____

Buyer's Name/Tenant's Name: _____

Date of Proposed Occupancy: _____

Signature

FEE: \$ _____
 Check Cash
Paid by: _____
Recd. by: _____

Note: This application can only be applied for by
Owner, Owner's Realtor, Owner's Attorney,
or Power of Attorney - Affidavit.

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Initial Inspection Scheduled: (Date) _____ Assigned to: _____