



The Family Resort

Borough of Seaside Park

CODE ENFORCEMENT OFFICE

732-250-7569
Fax 732-375-3058

313 SW Central Ave., Seaside Park, New Jersey 08752

TITLE TRANSFER APPLICATION

Application Number- TT- _____

PROPERTY INFORMATION

Property Address: _____ Block _____ Lot _____

Zoning District: _____ R _____ BU _____ MX _____ MD _____ B _____ P

Lot Dimensions: _____ Lot Area: _____

Present Use of Property & Total Number of Dwelling Units on Property:

_____ Single Family Residence _____ Two Family Residence _____ Multiple Dwelling Unit: _____ Number of Units

NJ Department of Community Affairs, Multiple Dwelling Unit Registration No: _____

If the property contains THREE (3) OR MORE dwelling units on a property, the property must be registered as a multiple dwelling unit in
Accordance with N.J.S.A. 46:8-28.

_____ Hotel/Motel # of Efficiencies _____ # of Rooms _____

_____ Commercial _____ Mixed Use: # of Dwelling Units _____ # of Commercial Units _____

**PLEASE NOTE: IF UNIT HAS A FIREPLACE CHIMNEY – CERTIFICATION OF STATUS BY A LICENSED COMPANY IS
NECESSARY FOR APPROVAL OF TITLE TRANSFER**

PROPERTY OWNER (Seller)

Name _____

Address _____

Telephone _____

EMAIL _____

PROPERTY OWNER (Buyer)

Name _____

Address _____

Telephone _____

EMAIL _____

REALATOR INFORMATION IF APPLICABLE

SELLER'S REALTOR NAME _____

SELLER'S REALTOR TELEPHONE _____

BUYERS'S REALTOR NAME _____

BUYERS'S REALTOR TELEPHONE _____

CONTACT FOR SCHEDULING INSPECTION

Name _____

Telephone: _____

APPLICANT CERTIFICATION I hereby certify that the above statements and information included on this application are true.

_____ Applicant is Property Owner

_____ Applicant is Authorized Agent

Signature _____

Da _____

Seal Legend - Trinity

Land - Beach Plum

Sea - Striped Bass

Air - Sea Gull

For Office Use Only:

Date Received: _____ No. of Dwelling Units _____ @ \$100.00= Total _____ E _____

J _____

Amount Received: \$ _____ Cash _____ Check No. _____ G _____

TT _____

Flood Fee \$100 Cash _____ Check No. _____ Flood Elevation Certificate included _____

Open Permits and/or Violations:

Number of Dwelling Units: _____ Hotel/Motel Rooming House: _____ Apartments _____ Efficiencies _____

Water-Sewer Utility _____ Tax Assessment _____

NOTES:

- There ___ do/ ___ do not appear to be any physical barriers, walls or doorways that could be used for the separation of a unit or units into additional dwelling units.

_____ The Title Transfer Permit has been APPROVED.

***** Occupancy for rental purposes requires a Rental Permit issued by the Borough of Seaside Park *****

_____ The Title Transfer Permit has been CONDITIONALLY APPROVED provided these deficiencies are corrected within:

_____ SEVEN (7) DAYS _____ FOURTEEN (14) DAYS _____ THIRTY (30) DAYS _____ DAYS

_____ NO RE-INSPECTION REQUIRED _____ RE-INSPECTION REQUIRED (Call for appointment)

_____ The Title Transfer Permit has been DENIED. These deficiencies must be corrected before the premises will be approved for Title Transfer. Application for re-inspection must be made before a Title Transfer Permit will be approved.

Code Enforcement Officer

Date