Borough of Seaside Park

CODE ENFORCEMENT OFFICE

732-250-7569
Fax 732-375-3058

The Family Resort

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

TITLE TRANSFER APPLICATION

Please make check payable to the Borough of Lavallette

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 CHIMNEY – CERTIFICATION OF STATUS BY A LICENSED COMPANY IS NECESSARY FOR APPROVAL OF TITLE TRANSFER

PROPERTY OWNER (Seller)

Name _____

Address_____

_____

Telephone _____

PROPERTY OWNER (Buyer)

Name_____

Address_____

_____

Telephone _____

CONTACT FOR SCHEDULING INSPECTION

Name _____ Preferred Date for Inspection:_____

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 Date

For Office Use Only:

Date Received: _____ No of Dwelling Units _____ @ $100.00 = Total_____

By: _____

Amount Received: $_____ Cash _____ Check No._____

TITLE TRANSFER INSPECTION

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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLEASE NOTE: TITLE TRANSFERS CAN TAKEUP TO 10 BUSINESS DAYS AFTER THE INSPECTION IS COMPLETED

_____ 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/ Construction Official Date