



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

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)

PROPERTY OWNER (Buyer)

Name _____

Name _____

Address _____

Address _____

Telephone _____

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. _____