



WEST DEPTFORD TOWNSHIP  
**RESALE HOUSING INSPECTION**  
DIVISION OF HOUSING

FOR OFFICE USE ONLY

SCHEDULED DATE/TIME: \_\_\_\_\_ AM / PM

Please make checks payable to West Deptford Township

SETTLEMENT DATE:

**PROPERTY INFORMATION**

Address to Be Inspected

Block	Lot	Qualifier	Lock Box #	Dwelling Vacant?	Utilities On?
-------	-----	-----------	------------	------------------	---------------

Single Family   Two-Family (Duplex)   Three-Family (Triplex)   Multi-Unit Apartment   Townhouse/Condo   Mobile Home

Township Sewer   Private Septic   Township Water   Private Well

\_\_\_\_ # Bedroom(s)   \_\_\_\_ # Bathroom(s)   \_\_\_\_ Living Room   \_\_\_\_ Family Room   \_\_\_\_ Kitchen   \_\_\_\_ Dining Room

\_\_\_\_ Garage   \_\_\_\_ # Shed(s)   \_\_\_\_ Pool   \_\_\_\_ Basement (Finished)   \_\_\_\_ Basement (Unfinished)

**CURRENT OWNER INFORMATION**

Current Owner Name	Phone Number
Current Owner Address	Email Address

**PROSPECTIVE BUYER INFORMATION**

Prospective Buyer Name	Phone Number
Prospective Buyer Address	Email Address

**AGENT INFORMATION**

Seller's Agent Name	Seller's Agent Email	Phone Number
Buyer's Agent Name	Buyer's Agent Email	Phone Number

**CERTIFICATION**

I hereby certify that the statements herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

Owner or Owner's Agent Signature	Print Name & Title	Date
----------------------------------	--------------------	------

**OFFICIAL USE ONLY**

DO NOT WRITE BELOW THIS LINE

TYPE:   Initial Inspection \$60.00   Less Than 48 Hour Inspection \$120.00   Re-Inspection \$30.00   TCO Inspection \$30.00

Pass	Fail	Signature
Application #:		
Check/MO #:		
Received Date:		