



Maple Shade Township Housing Inspection

200 Stiles Ave Maple Shade, NJ 08052

(856)779-9610 – Phone

(856)779-2524 - Fax

Email: Zoning@MapleShade.com

Application for Residential Certificate of Occupancy (CO):

Official Use Only:

Date Received _____ Inspection Date/Time _____ CO # _____

Inspection: PASS _____ FAIL _____ Date _____ 2nd Inspection _____

Inspectors Signature _____

Note: Complete all sections below (print or type)

Property Location: _____ Block: _____ Lot _____

Dwelling Type: Single _____ Attached _____ Row _____

Owner/Seller: _____ Address _____

Date of Birth _____ Email _____

Phone # _____ Fax # _____

Buyer/Tenant _____ Address _____

Date of Birth _____ Email _____

Phone # _____ Fax # _____

Agent: _____ Address _____

Phone _____ Fax _____ Email _____

Number of rooms per floor:

1st Floor: LR _____ DR _____ KIT _____ BTH _____ BR _____

2nd Floor: LR _____ DR _____ KIT _____ BTH _____ BR _____

3rd Floor: LR _____ DR _____ KIT _____ BTH _____ BR _____

Owner Signature _____ Date _____

Buyer Signature _____ Date _____

Check # _____ Cash _____ **Fee: \$125.00**

Gain Access/Emergency Contact: _____ Phone _____

Please be advised that all violations are cited from Township of Maple Shade Codes/Ordinances, International Property Maintenance Code, & New Jersey State Housing Code. (failure to abate violations could be subject to court action) by signing I acknowledge that all the above is true and subject to prosecution by the fullest extent of the law.