



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 Transfer of Title (For Vacant Property Only Sale):

Official Use Only:

Date Received _____ Inspection Date/Time _____ TT # _____

Smoke Detector Inspection: PASS _____ FAIL _____ Date _____

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: _____ 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: \$75.00**

Gain Access/Emergency Contact: _____ Phone _____

Inspection Requirements are as follows, (1) battery operated smoke detector per level of the structure.

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