



City of Margate City
Department of Building Inspection

9001 Winchester Avenue
Margate City, New Jersey 08402
(609) 822-1974
Fax: (609) 822-2248
margate_inspection@margate-nj.com

REF#: _____

APPLICATION FOR LAND USE/RESALE APPROVAL

Date: _____ **Block** _____ **Lot** _____

Address of Property: _____

Unit #: _____

♦ **SELLER: Name:** _____

Address: _____ **City & State:** _____

Phone#: _____ **(Required)**

♦ **AGENT: Name:** _____

Address: _____ **City & State:** _____

Phone#: _____ **(Required)**

♦ **BUYER: Name:** _____

Address: _____ **City & State:** _____

Phone#: _____ **(Required)**

♦ **Settlement Date:** _____

I understand that each apartment or dwelling for which a permit is issued under city ordinance shall comply with all federal, state and local requirements pertaining to housing codes and further that said dwelling or apartment shall be kept in a safe, sanitary condition, shall have proper and adequate light and ventilation, and shall be subject to all part of the Ordinance.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief, and fully understand that such declarations will be considered as if made under oath, and as to a false declaration shall be subject to penalties as provided by law for perjury.

Signature of Owner or Responsible Person in Charge

Total Amount Due Payable to the City of Margate: \$60.00

Inspection Appointments Times: **Monday thru Friday- 9:30 a.m. – 3:00 p.m.**

This Space is For Official Use Only:

Paid: \$ _____ **Check** ☐ **Cash** ☐ **Credit Card** ☐ **Inspected By:** _____

Date: _____ **Clerk:** _____ **Date:** _____ **Time:** _____

Check/Receipt#: _____ **by:** _____