



Township of Hamilton

Department of Housing & Landlord Compliance
2090 Greenwood Avenue, Room 302, Hamilton, NJ 08650-0150

Telephone: (609)890-3665
Fax: (609)587-1287

E-Mail: housinght@hamiltonnj.com

NOTICE OF CHANGE OF OCCUPANCY

Please fill in all information, including zip code, E-mail, etc.

Date: _____

Name of Owner: _____

Address of Property: _____

Address of Owner: _____

Owner's Phone: (Home) _____ (Cell) _____

E-mail: _____ (Work) _____

TYPE OF DWELLING

◇ Single Family Dwelling ◇ Two Family Dwelling ◇ Multi Family Dwelling

Name of Owner's Realtor or Attorney: _____

Realtor or Attorney E-mail/Phone: _____

Buyer's Name/Tenant's Name: _____

Rental Coupon# _____

◇ Rental ◇ Sale Fee: \$ _____ ◇ Cash ◇ Credit Card ◇ Check# _____

Note: This application can only be applied for by the Owner, Owner's Realtor, Owner's Attorney or Power of Attorney Affidavit

By signing this document the applicant is made aware that they are responsible to contact the Construction Office (Room 305) to see if there are any open permits that need to be addressed. If there are open permits all parties involved in the closing process must be notified.

Applicants Name (Print)

Applicants Signature

Initial Inspection Scheduled: (Date) _____ AM 9:30 to Noon or PM 1:00 to 3:30

Inspector: _____