

CERTIFICATE # _____
APPLICATION FOR RESALE CERTIFICATE

SELLER NAME: _____

ADDRESS OF HOUSE: _____

TELEPHONE# () _____

OWNER/AGENT SIGNATURE: _____

BUYER'S NAME: _____

BUYER'S NUMBER: _____

BUYER/ATTORNEY'S CONTACT: _____

SALE PRICE: _____ **CLOSING DATE:** _____

_____ **ONE FAMILY** _____ **TWO FAMILY** _____ **CONDO**
_____ **M/D- THREE FAMILY** _____ **MIX-USE**

TO BE FILLED OUT BY ASSESSOR BEFORE INSPECTION

ASSESSED VALUE: _____ **#FAMILY:** _____

Present--PRC

ROOM BREAKDOWN

	Living	Dining	Kitchen	Dinette	Bedroom	Family	Bath	Lav.	Other
Basement									
First Floor									
Second Floor									
Third Floor									

DECK: _____ **CENTRAL AIR:** _____ **VARIANCE** _____

Past--PRC

ROOM BREAKDOWN

	Living	Dining	Kitchen	Dinette	Bedroom	Family	Bath	Lav.	Other
Basement									
First Floor									
Second Floor									
Third Floor									

DECK: _____ **CENTRAL AIR** _____ **VARIANCE** _____

To be filled out by Inspector:

OPEN PERMITS _____ **#FAMILY** _____

INSPECTION DATE _____ **Approved** _____ **Denied** _____

SMOKE DETECTORS: **Approved** _____ **Denied** _____

CARBON MONOXIDE: **Approved** _____ **Denied** _____

Date Received _____ **Check#** _____ **Cash** _____