

Reg#:	
Insp#:	

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## APPLICATION FOR CERTICATE OF COMPLIANCE SINGLE FAMILY DWELLING

**MUST BE COMPLETELY FILLED OUT** 

ADDRESS OF PROPE	RTY:	
		YEAR BUILT:
SELLER:		PHONE:
E-MAIL ADDRESS: _		
		PHONE:
E-MAIL:		_ COMPANY
ADDRESS:		
		PHONE:
E-MAIL ADDRESS: _		
		PHONE:
EMAIL:		COMPANY
ADDRESS:		
SETTLEMENT DATE:		
CONTACT NAME FOR	R INSPECTION:	PHONE:
DATE RECEIVED	(office	e use only) DATE INSPECTION:
BUREAU MUST ACC THE FOLLOWING P ELEVEN (11) + WOR FOUR (4) TO TEN (10	COMPANY THIS APP AY SCHEDULE: KING DAYS D) WORKING DAYS	LE TO THE SOMERDALE FIRE PREVENTION PLICATION AND MUST BE SUBMITTTED UNDER  \$ 60.00 \$ 90.00
THREE (3) TO ONE (PRIOR TO SETTLEM	<mark>IENT DATE</mark>	S \$161.00

PLEASE USE THE INSPCTION GUIDELINE TO ELIMINATE THE NEED FOR A REINSPECTION. A \$25.00 FEE WILL BE REQUIRED FOR ALL REINSPECTIONS - REINSPECTIONS - EXPITED RE-INSPECTION THERE WILL BE AN ADDITIONAL \$25.00 djm-05/13/2025