

TOWNSHIP OF WALL
TRANSFER PERMIT APPLICATION

ALL portions of the application must be completed. Incomplete applications will be returned.

1. Present Owner's Name: _____ Phone# _____
Address & Zip Code: _____
Email Address: _____

2. Purchaser or Tenant's Name: _____ Phone# _____
Address & Zip Code: _____
Email Address: _____

3. Street Address of Property: _____
Block: _____ Lot: _____ Unit/Suite #s: _____ Zone: _____
Area of building to be occupied: _____ square feet
Existing Use: _____ Proposed Use _____

4. Application is herewith made for permission to transfer:
 - Commercial or Industrial Use (check one):
Ownership ___ Tenancy ___
Trading as (Business Name) _____
 - Multiple Dwelling Complex, Multi-Unit Business or Industrial Complex (check one):
Ownership ___ Tenancy ___
Trading as (Business/Complex Name) _____

5. MUST SUBMIT DETAILED LETTER STATING THE PROPOSED USE OF THE PROPERTY, WHICH MUST BE PREPARED BY PROSPECTIVE TENANT OR PURCHASER AND APPLICATION FEE OF \$50.00. Checks to be made payable to Township of Wall.

5. The following information is required by the Land Use Office in order to process the application:

Name of Buyer's Attorney: _____

Complete Address of Buyer's Attorney: _____

Proposed Closing Date: _____

Signature: _____ Date: _____