Date Scheduled _____ Time_____

Fee: **$50.00 for Condo/Townhouse/Apartment Unit**
$100.00 for Single Family Detached Houses

RENTAL REGISTRATION
DEPARTMENT OF INSPECTIONS
35 Municipal Drive
Lumberton, NJ 08048
Phone: 609-267-3217
Fax: 609-267-5566

RENTAL INSPECTION REQUEST FOR CERTIFICATE OF APPROVAL

Request for inspection and/or certificate of approval in compliance with New Jersey State Housing Code by the Construction Official or his representative, to make a housing inspection of the premises shown below for any Township Ordinance Violations and/or issue a Certificate of Approval as to such premises:

TYPE OF PREMISES:

_____ Single Family Dwelling _____ Apartment Unit _____ Duplex _____ Other

LOCATION:

Street Address _____

Block _____ Lot(s) _____

OWNER INFORMATION:

Name_____ Phone _____

Address_____

TENANT NAME: _____

PERSON TO CONTACT FOR PROPERTY ACCESS:

Name_____ Phone _____

I certify that the above information is true and correct.

_____ _____
Date Signature

RENTAL REGISTRATION
DEPARTMENT OF INSPECTIONS

35 Municipal Drive
PO Box 1860
Lumberton, NJ 08048
Phone: 609-267-3217
Fax: 609-267-5566

TYPE OF PREMISES & ADDRESS:

_____ Single Family Dwelling _____ Apartment Unit _____ Duplex _____ Other

ADDRESS:_____

BLOCK: _____ LOT: _____

1. OWNER'S NAME &
2. ADDRESS:_____

_____PHONE_____

3. NAME, ADDRESS AND TELEPHONE NUMBER OF MANAGING AGENT OR EMERGENCY CONTACT:

NAME:_____ PHONE_____

ADDRESS:_____

4. REGULAR MAINTENANCE SERVICE:

NAME:_____ PHONE_____

ADDRESS:_____

I certify that the above information is true and correct.

_____ _____

Date Signature