

Date Scheduled _____ Time _____ No. _____

DEPARTMENT OF INSPECTIONS

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

INSPECTION REQUEST FOR CERTIFICATE OF APPROVAL

\$50.00 Fee

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 & ADDRESS: _____

_____ PHONE _____

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

NAME: _____ PHONE _____

ADDRESS: _____

3. REGULAR MAINTENANCE SERVICE:

NAME: _____ PHONE _____

ADDRESS: _____

I certify that the above information is true and correct.

Date

Signature

Date

Signature-Recipient