

DEPARTMENT OF INSPECTIONS AND PERMITS

17 NEW MARKET ST. SALEM, NJ 08079

856-935-5510

DATE: _____

BLOCK: _____ LOT _____

INSPECTION ADDRESS _____ UNIT# _____

TYPE OF RENTAL: SF _____ DUPLEX _____ MF _____ #UNITS _____ #BEDROOMS _____

OWNER/SELLER (CIRCLE ONE) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE#’S-DAYTIME _____ CELL _____ FAX _____

(IF CORPORATION OR LLC LIST PERSON OF INTEREST): _____

ADDRESS _____ STATE _____ ZIP _____

BUYER/TENANT (CIRCLE ONE) _____ AGE _____

NAMES AND AGES OF ALL TENANTS: **TENANTS/BUYERS TELEPHONE NUMBER** _____

1. _____ AGE _____

2. _____ AGE _____

3. _____ AGE _____

4. _____ AGE _____

5. _____ AGE _____

AGENCY NAME _____ PHONE/FAX _____

ADDRESS _____ STATE _____ ZIP _____

AGENT NAME _____ PHONE _____

INITIAL INSPECTION – FEE \$40.00

DATE _____ TIME _____ PASS _____ FAIL _____

FEE: PAID _____ OWES _____ CHECK# _____

RE-INSPECTION – FEE \$25.00

DATE _____ TIME _____ PASS _____ FAIL _____

FEE: PAID _____ OWES _____ CHECK# _____

DATE _____ TIME _____ PASS _____ FAIL _____

FEE: PAID _____ OWES _____ CHECK# _____

PLEASE NOTE: CO MUST PASS BEFORE TENANTS MOVE ANY ITEMS INTO THE PROPERTY. NEW CO REQUIRED EACH TIME TENANT CHANGES - PRIOR TO THEM MOVING IN.

CITY OF SALEM
DEPARTMENT OF INSPECTIONS

This is to certify that the Taxes, Water & Sewer
have been paid current, for the property
mentioned below:

Block _____ Lot _____

Address: _____

Owner: _____

_____ DATE _____

CITY TREASURER