

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

In accordance with Ordinance 172-5 Requirements for certificate; registration certificate; fee; payment of taxes.

(f) No rental unit certificate shall be issued unless the real estate taxes, water and sewer charges and/or other municipal assessments or charges due to the City of Salem associated with the rental unit premises are paid current.

Additionally, Certificate of Occupancy will not be issued if there are any open Municipal charges on the property.

Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier: \_\_\_\_\_

\_\_ CO    \_\_ Rental Registration    Units: \_\_\_\_\_ Amount Due: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

TAX COLLECTOR