

**BOROUGH OF RUNNEMEDE
OFFICE OF CODE ENFORCEMENT
24 NORTH BLACK HORSE PIKE
RUNNEMEDE, NEW JERSEY 08078**

RENTAL UNIT

**REPORT OF PROPERTY MAINTENANCE INSPECTION
REQUEST FOR CERTIFICATE OF CONTINUED USE**

RECEIPT # _____
PAYMENT: CK. CA OTHER BY: _____
FILING FEE: \$50.00

NUMBER: _____

DATE: _____

OF BEDROOMS: _____
COMPLEX NAME: _____ TEL. # _____
TENANT NAME: _____
APT. NUMBER: _____
OCCUPANCY DESIRED: _____
INSPECTION DESIRED: _____
SIGNATURE OF APPLICANT: _____

Comments/Remarks on reverse side if any.

MANAGEMENT MUST SUBMIT THIS FORM WITH FEE TO THE HOUSING CODE ENFORCEMENT OFFICE TEN (10) DAYS PRIOR TO INSPECTION. THIS FORM WILL BE VALID FOR A PERIOD OF TIME, NOT TO EXCEED THIRTY (30) DAYS. THE PROPERTY MAINTENANCE INSPECTOR ASSIGNED RESERVES THE RIGHT TO REINSPECT PREMISES AT MANAGEMENT'S EXPENSE IF FOR ANY REASON OCCUPANCY SHOULD BE DELAYED BEYOND PERIOD OF TIME SPECIFIED.

DO NOT WRITE IN THIS SPACE - REMARKS FOR OFFICIAL USE ONLY

**ORDINANCE 96-06
RENTAL UNIT ITEMS**

Conditions
SAT. UNSAT.

Conditions
SAT. UNSAT.

1. LIVING ROOM

STAIRS/RAILINGS
WINDOW COVERINGS
CARPET
WINDOWS/STORM WINDOWS
WALLS/CEILINGS
SCREENS
CLOSET/COMPLETE

2. DINING ROOM

PANELING
CARPET
WALLS/CEILINGS
CHANDELIER

3. HALLS

DOORS/CLOSET DOORS
LIGHT FIXTURE
CARPETS

4. KITCHEN

CABINETS
COUNTER TOPS
BAR TOPS
REFRIGERATOR/FREEZER
OVEN/STOVE
RANGE HOOD/FILTER/FAN
DISHWASHER
FLOOR TILE
GARBAGE DISPOSAL
SINK/FAUCETS/STRAINER
LIGHT FIXTURES

5. BEDROOM/S

WALLS/CEILINGS
WINDOW COVERINGS
CARPETS
CLOSET DOORS/COMPLETE
WINDOWS/HARDWARE
STORM WINDOWS
SCREENS

6. BATHROOM/S

FLOOR TILE/MOULDINGS
WALLS/CEILINGS
TOILET/ACCESSORIES
BATHTUB/TILE/GROUT
MEDICINE CABINET
SINK STOPPER
VANITY/ACCESSORIES
MIRROR
LIGHT FIXTURES/OUTLETS
EXHAUST FAN

7. SMOKE DET. & CARBON MON. DET.

WASHER/DRYER/STORAGE AREA
AIR CONDITIONING
THERMOSTAT
HEATER ROOM DOOR LOCKS
ENT. DOOR VIEWER/DEAD BOLT
ENTRANCE LIGHT
FIREPLACE/ACCESSORIES
BALCONY/SLIDING DOOR

8. OUTSIDE

DANGLING WIRES
APT. #'S OR ID
DOOR BELL OR ANNOUNCER
SIDEWALKS/SPLASHBLOCKS
RAILINGS/FENCING
OBSTRUCTIONS/HAZARDS
OTHER

INSPECTED BY: _____

DATE: _____