



**HAINESPORT TOWNSHIP  
ONE HAINESPORT CENTRE  
PO BOX 477  
HAINESPORT, NJ 08036**



**RENTAL UNIT INSPECTION REQUEST**

**PROPERTY INFORMATION:**

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Move-In Date \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Contact Person (If Not Owner): \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person's Address: \_\_\_\_\_

**DESCRIPTION OF UNIT:**

**A. UTILITIES (Check where applicable)**

Public Sewer \_\_\_\_\_ Public Water \_\_\_\_\_ Septic System \_\_\_\_\_ Well \_\_\_\_\_

**B. TYPE OF HEAT (Check where applicable)**

Gas \_\_\_\_\_ Oil \_\_\_\_\_ Electric \_\_\_\_\_

**C. Number of Bedrooms in Unit: \_\_\_\_\_**

**Inspection Information:** A fee of \$50 must be paid prior to inspection.

**Notice to Applicants:**

**You must comply with New Jersey Statute 46:8-28 which requires the filing of certain information with the Township Clerk in the case of a one dwelling rental unit or a two dwelling, non-owner occupied premises. A copy of the statute may be obtained at the office of the Township Clerk.**

\_\_\_\_\_  
**Owner's Signature** (date)

\_\_\_\_\_  
**Applicant** (date)  
**If other than owner**

**(For Office Use Only)**

Date Received: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Amount: \_\_\_\_\_ File #: \_\_\_\_\_



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**ONE HAINESPORT CENTRE**  
**PO BOX 477**  
**HAINESPORT, NJ 08036**



**RENTAL UNIT INSPECTION REPORT  
 AND NOTICE OF VIOLATION**

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

**PROPERTY INFORMATION**

Applicant: \_\_\_\_\_

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning Use: \_\_\_\_\_

	First Inspection		Second Inspection	
	Pass	Fail	Pass	Fail
1. Sanitation/Gardening	_____	_____	_____	_____
2. Walls/Ceiling (Cracks/Paint)	_____	_____	_____	_____
3. Doors/Knobs (Functional)	_____	_____	_____	_____
4. Windows/Screens (Functional)	_____	_____	_____	_____
5. House Number	_____	_____	_____	_____
6. Exterior Maintenance	_____	_____	_____	_____
7. Floors	_____	_____	_____	_____
8. Roof (Visible Inspection Only)	_____	_____	_____	_____
9. Drain Gutters (Visible Inspection Only)	_____	_____	_____	_____
10. Basement (Windows/Screens)	_____	_____	_____	_____
11. Kitchen (Clean/No leaks in drain)	_____	_____	_____	_____
12. Bathroom (Clean/No leaks in drain)	_____	_____	_____	_____
13. Electrical (Switches/Outlets)	_____	_____	_____	_____
14. Electrical Fixture Covers	_____	_____	_____	_____
15. Sidewalks	_____	_____	_____	_____
16. Stairs/Deck	_____	_____	_____	_____
17. Hand railings (Existing Only)	_____	_____	_____	_____
18. Stair Landings	_____	_____	_____	_____
19. Smoke Detectors	_____	_____	_____	_____
20. Carbon Monoxide Detectors	_____	_____	_____	_____
21. Proper Zoning for Use	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Inspection Date: \_\_\_\_\_

Second Inspection Date: \_\_\_\_\_

\_\_\_\_\_  
 Code Enforcement Officer