



BLOCK _____ LOT _____

CERTIFICATE OF INSPECTION APPLICATION

EAST WINDSOR TOWNSHIP HOUSING DIVISION

(609) 443-4000 EXT 220

16 LANNING BOULEVARD

FAX (609) 443-6865

EAST WINDSOR NJ 08520

INSPECTION ADDRESS: _____

OWNER INFORMATION (PLEASE PRINT)

APARTMENT COMPLEX NAME: _____

OWNERS NAME: _____

ON SITE MANAGER: _____

WORK PHONE _____ CELL PHONE _____

***NOTE: A CERTIFICATE OF INSPECTION WILL NOT BE ISSUED WITHOUT THE NAME OF A TENANT.**

***NAME OF TENANT:** _____

A REINSPECTION IS REQUIRED FOR ALL INSPECTIONS THAT RESULT IN THE ISSUANCE OF A LIST OF VIOLATION(S), OR ARE ISSUED A TEMPORARY CERTIFICATE OF INSPECTION. THE TIME FRAME FOR RENTALS IS 45 DAYS FROM DATE OF INSPECTION OR ISSUANCE OF TEMPORARY CERTIFICATE.

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Initial Inspection Fee (\$100.00)

Check # _____

OR

Money Order # _____

☐

Re-inspection Fee (\$50.00)

Date Paid _____

Inspection Appointment Date _____

Time _____

Certificate # _____

Violation Notice # _____