

**TOWNSHIP OF LAWRENCE  
DIVISION OF HOUSING  
P.O. BOX 6006  
LAWRENCEVILLE, NEW JERSEY 08648  
(609) 844-7032  
FAX: (609) 844-0282**

**RENTAL PROPERTY INSPECTION APPLICATION**

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Owner \_\_\_\_\_

Address of Rental Property \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Date Tenant(s) Will Change (if applicable) \_\_\_\_\_

Name, Address, and Phone Number of Realtor/Agent (if applicable) \_\_\_\_\_

**PROPERTY DESCRIPTION**

Reason for Inspection (Circle One):      Change of Tenant    or    Annual Rental Inspection

Approximate Age of Building \_\_\_\_\_      Single Family \_\_\_\_\_    Two Family \_\_\_\_\_

Public Water Available:    yes / no      Public Sewer Available    yes / no

If yes, is it connected?    yes / no      If yes, is it connected?    yes / no

**NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT OR THE REALTOR TO CONTACT THE DIVISION OF HOUSING IN ORDER TO SCHEDULE THE REQUESTED INSPECTION.**

**FEE: \$75.00 Per Unit**

Please Make Checks Payable to Township of Lawrence

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Date of Inspection** \_\_\_\_\_

**Report Issued to** \_\_\_\_\_

**Date Issued** \_\_\_\_\_

**Certificate Number** \_\_\_\_\_

\_\_\_\_\_  
**DONALD ARRISON  
Housing Inspector**

**OUTSTANDING PERMITS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_