



WEST DEPTFORD TOWNSHIP  
**RENTAL HOUSING INSPECTION**  
DIVISION OF HOUSING

**FOR OFFICE USE ONLY**

SCHEDULED DATE/TIME: \_\_\_\_\_ AM / PM

Please make checks payable to West Deptford Township

**OCCUPANCY DATE:**

**PROPERTY INFORMATION**

Address to Be Inspected

Unit #

Block

Lot

Qualifier

Lock Box #

Dwelling Vacant?

Utilities On?

Single Family

Two-Family (Duplex)

Three-Family (Triplex)

Multi-Unit Apartment

Townhouse/Condo

Mobile Home

Township Sewer

Private Septic

Township Water

Private Well

\_\_\_\_ # Bedroom(s) \_\_\_\_ # Bathroom(s) \_\_\_\_ Living Room \_\_\_\_ Family Room \_\_\_\_ Kitchen \_\_\_\_ Dining Room

\_\_\_\_ Garage \_\_\_\_ # Shed(s) \_\_\_\_ Pool \_\_\_\_ Basement (Finished) \_\_\_\_ Basement (Unfinished)

Type of Heat at Property

Oil

Gas

Fuel Oil Supply Dealer Name

Fuel Oil Supply Dealer Phone Number

**LANDLORD/PROPERTY MANAGEMENT COMPANY INFORMATION**

Landlord Name

Phone Number

Landlord Address

Email Address

Property Manager Name

Property Manager Phone Number

Property Manager Email

**AGENT INFORMATION**

Agent Name

Agent Phone Number

Agent Email

**CERTIFICATION**

I hereby certify that the statements herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

Landlord/Property Manager or Landlord's Agent Signature

Print Name & Title

Date

**OFFICIAL USE ONLY**

DO NOT WRITE BELOW THIS LINE

TYPE: Initial Inspection \$60.00 Less Than 48 Hour Inspection \$120.00 Re-Inspection \$30.00 TCO Inspection \$30.00

Pass

Fail

Signature

Application #:

Check/MO #:

Received Date: