

TOWNSHIP OF NORTH BRUNSWICK
RENTAL AND MULTI-FAMILY HOUSING INSPECTION FORM

| | | |
|--------------------------|---|---------------------------------|
| INSPECTION DATE: | | |
| OWNER: | | BUILDING: |
| ADDRESS: | | UNIT: |
| PHONE: | | NUMBER OF BEDROOMS: |
| TENANT: | | MAX OCCUPANCY: |
| | | |
| <input type="checkbox"/> | \$50 Initial Inspection | <input type="checkbox"/> Cash |
| <input type="checkbox"/> | \$30 Condition Reinspection | <input type="checkbox"/> Check: |
| <input type="checkbox"/> | \$50 Denial Reinspection | <input type="checkbox"/> MO: |
| <input type="checkbox"/> | \$70 Emergency Inspection | |
| <input type="checkbox"/> | \$20 Lead Inspection | |
| | | |
| <input type="checkbox"/> | 196-6 UNSAFE AND UNSANITARY CONDITIONS | |
| <input type="checkbox"/> | (C)(2) Remove garbage. Interior must be safe and sanitary. | |
| <input type="checkbox"/> | 196-7 GENERAL MAINTENANCE | |
| <input type="checkbox"/> | 7(D)(1) Maintenance of exterior; free of nuisances. | |
| <input type="checkbox"/> | 196-9 UNIT INTERIORS | |
| <input type="checkbox"/> | A(1) Mold. must be free of moisture and ventilated. | |
| <input type="checkbox"/> | B(1) Floors, walls, ceilings to be repaired. | |
| <input type="checkbox"/> | B(6) Carpeting hazardous to be repaired, replaced. | |
| <input type="checkbox"/> | C(3) Guards and handrails missing; | |
| <input type="checkbox"/> | C(5) Safe and unobstructed means of egress. | |
| <input type="checkbox"/> | (D) Interior doors with no keyed locks must function. | |
| <input type="checkbox"/> | 196-11 SCREENS AND INFESTATION | |
| <input type="checkbox"/> | A(1) Screens must be in good repair. | |
| <input type="checkbox"/> | B Elimination of Infestation required. Get exterminator. | |
| <input type="checkbox"/> | 196-14 ELECTRIC SERVICE AND LIGHTING | |
| <input type="checkbox"/> | A(2) Electrical system must be maintained, repaired. | |
| <input type="checkbox"/> | A(3)(b) Kitchens with two duplex receptacles; GFI required. | |
| <input type="checkbox"/> | A(3)(d) Laundry must have own circuit and electric outlet. | |
| <input type="checkbox"/> | A(3)(e) Heating equipment must have individual circuit. | |
| <input type="checkbox"/> | A(3)(g) Existing wiring and equipment must be repaired. | |
| <input type="checkbox"/> | A(3)(h) Bathrooms electric must be within six feet and GFI. | |
| <input type="checkbox"/> | (A)(5)(e) No cords frayed, worn or damaged or under carpets. | |
| <input type="checkbox"/> | 196-15 HEATING AND HEAT SOURCES | |
| <input type="checkbox"/> | (A) Heat must be minimum 65 and 68 degrees per code. | |
| <input type="checkbox"/> | (C)(5) Pressure relief valves must be min 6" max 20" floor. | |
| <input type="checkbox"/> | (C)(6) Remove storage near furnace and water heater. | |
| <input type="checkbox"/> | (F)(2) Fireplaces, stoves, chimneys must be maintained. | |
| <input type="checkbox"/> | 196-16 WATER SUPPLY | |
| <input type="checkbox"/> | (A) Hot and cold potable water required. | |
| <input type="checkbox"/> | 196-17 LIGHTS/VENTILATION | |
| <input type="checkbox"/> | (B)(2) Windows must readily open and close. | |
| <input type="checkbox"/> | (C)(1) Kitchen exhaust hood with filter required. | |
| <input type="checkbox"/> | (C)(3) Bathroom exhaust required. | |
| <input type="checkbox"/> | (C)(5) Clothes dryer vents must be clean and maintained. | |
| <input type="checkbox"/> | 196-20 DOORS AND SECURITY | |
| <input type="checkbox"/> | (B)(1)(d) All doors medium duty lockset required. | |
| <input type="checkbox"/> | (B)(1)(e) Entry door chain and view device required. | |
| <input type="checkbox"/> | 196-21 KITCHEN AND COOKING FACILITIES | |
| <input type="checkbox"/> | (A)(1)(e) Cooking refrigeration in good working condition. | |
| <input type="checkbox"/> | (A)(1)(f) Stove and oven must work safely and properly. | |
| <input type="checkbox"/> | (A)(1)(g) Cooking cabinets and countertops good condition. | |
| <input type="checkbox"/> | 196-22 BATHROOM SANITARY FACILITIES | |
| <input type="checkbox"/> | (A)(1)(a) Toilet required with working flushing mechanism. | |
| <input type="checkbox"/> | (A)(1)(b) Bath or shower caulk/grout must be repaired. | |
| <input type="checkbox"/> | (A)(1)(d) Bed to bathroom access w/o cross other room. | |
| <input type="checkbox"/> | (A)(3)(a) Bathrooms must be segregated with doors, locks. | |
| <input type="checkbox"/> | (A)(3)(b) Mold Bathrooms surfaces must be moisture resistant. | |
| <input type="checkbox"/> | (A)(5) Bathrooms fixtures must be in good condition. | |
| <input type="checkbox"/> | 196-26 FIRE SAFETY REGULATIONS | |
| <input type="checkbox"/> | F(2) Carbon monoxide, extinguishers required. | |
| <input type="checkbox"/> | F(5) Smoke detectors required | |
| <input type="checkbox"/> | F(2) Provide/repair door closer for unit entrance door. | |
| | | |
| <input type="checkbox"/> | APPROVED. A Certificate of Rental Housing Compliance is hereby granted. | |
| <input type="checkbox"/> | CONDITIONAL APPROVAL Abate violations and call for reinspection no later than: _____ | |
| <input type="checkbox"/> | OCCUPANCY DENIAL. Occupancy prohibited. Abate violations and call for reinspection. | |
| SIGNED: | | DATE: |