

Borough of Roosevelt Housing Code Inspection Form

Block # _____ Lot # _____

Address _____ Date ____/____/____

Owner _____ Agent _____

Owner's Address _____

Water Supply

Safe and Potable..... []

Facilities

Kitchen Plumbing..... []

Lavatory..... []

Toilet []

Shower and Tub []

Water Heater []

All Equipment in Good Working Order []

Electricity And Lighting

Electrical Service Adequate for Premises []

Each Room with two (2) Outlets ... []

All Outlets Operative []

Wiring Hazards []

All Fixtures Attached []

Smoke Alarms []

Carbon Monoxide Detectors []

Fire Extinguisher []

Heating Equipment

Operating Properly []

Can Maintain 70 Degrees []

Auxiliary Heating Safe and operative. []

Code: [●] = Pass, [] = Fail

Action, if any _____

Maintenance

Foundation []

Floor []

Walls []

Ceilings []

Roof []

Sanitary Hazards []

Safety hazards []

Free of Rodents, Insects, Vermin ... []

Notes

Exterior

Free of all Litter, Rubbish Discards ... []

lawns, Hedges Trimmed []

Approved Garbage Receptacles []

Fences in Good Repair []

Details of Violations, if any

Signature Housing Inspector

Borough of Roosevelt
Housing Inspection Application
Permit for Continuing Permissible Occupancy
P.O. Box 128, 33 N. Rochdale Ave., Roosevelt, NJ 08555
(609) 448-0536

Property Location: _____

Block: _____ Lot: _____ Zone: R-40 R-100 R-AG400 C-40 I-80 AH (circle one)
(File by Block & Lot)

Type of Inspection Requested (non-refundable)

	(Circle one)	
Rental Property:	\$75.00	per unit Initial Inspection
Sale:	\$75.00	per unit Initial Inspection
Transfer:	\$75.00	per unit Initial Inspection
Re-inspection Fee:	\$35.00	If violations are noted on initial inspection

****SMOKE DETECTORS ARE REQUIRED ON EACH LEVEL OF PREMISES, AND OUTSIDE EACH SLEEPING AREA. CHIMNEY AND FURNACE CERTIFICATIONS ARE REQUIRED, BY AN OUTSIDE CONTRACTOR, PRIOR TO THE ISSUANCE OF A CERTIFICATE OF CONTINUED OCCUPANCY. EFFECTIVE APRIL 1, 2003, NEW JERSEY STATE LAW REQUIRES AT LEAST ONE (1) CARBON MONOXIDE DETECTOR BE LOCATED NEAR ALL SLEEPING AREAS. Check list on reverse.**

Are there any open Construction Permits? ___ Yes ___ No
Are there any open Zoning Permits? ___ Yes ___ No
Has building been inspected within six (6) months of the proposed change of occupancy? ___ Yes ___ No

Owner: _____ Phone: _____

Address: _____

Agent: _____

Buyer's Name: _____

Tenant(s) Name: _____ Phone: _____

Appointment Date: _____ Time: _____

Payment is made to the Roosevelt Housing Inspector

Application # _____ Amount Paid: _____

Check/Cash: _____ Received By: _____

Date Approved

Print and Signature Housing Inspector/Official