Borough of Lindenwold 15 North White Horse Pike - Lindenwold, NJ 08021

(856) 783-2121

" IVII IVO		 	
RECEIPT	NO.		

REPORT OF PROPERTY MAINTENANCE INSPECTION

DATE _____

OWNER / COMPLEX NAME	<u></u>											
OWNER / COMPLEX ADDRESS					PAYM	ENT						
PHONE NUMBER					СН	C	A	0	THER	₹	В	Y
NPT. NUMBER												
NSPECTION DATE						_ ≥	ş					
GIGNATURE OF APPLICANT				INTERIO	D	LIVING ROOM	DINING ROOM	Z.			MO	ΜŌ
DDRESS OF APPLICANT				IIIIIII	11	VING	NN	KITCHEN	HALL	ВАТН	BEDROOM	BEDROOM
DDRESS OF AFFLICANT									J		<u> </u>	
				STAIGS (SAILINGS			2	3	4	5	6	7
ENANT NAME	DOB]		STAIRS / RAILINGS		-				-	<u> </u>	<u> </u>
		FEOOR TILE / CARPET			-				\vdash		_	
ENANT NAME				WINDOWS/HARDWARE CLOSET/COMPLETE		-				\vdash		
ENANT NAME	DOB			DOORS/LOCKS								-
ENANT NAME	DOR			COUNTER TOPS		1						
				OVEN/STOVE		İ				\vdash		
IANAGEMENT MUST SUBMIT THIS I				DISHWASHER		+-		\vdash				
THE HOUSING CODE ENFORCEMENT OFFICE TEN (10) DAYS PRIOR TO INSPECTION. THIS FORM WILL BE VALID			SINK/FAUCETS/DRAIN		\vdash			-	\vdash			
OR A PERIOD OF TIME, NOT TO EXCE				BATHTUB/TILE/GROUT		1				\vdash	-	
HIS FORM MUST BE ACCOMPANIED		. ,	DATS.	VANITY/ACCESSORIES					_		\dashv	
CCUPANT / TENANT NAMES AND DA				EXHAUST FAN					\neg	-+		
			WASHER / DRYER / STORAGE									
FILING FEE \$50).00			THERMOSTAT / PANEL BOX		t i					$\neg \dagger$	
EMEDIOD		Γ	1	ENTRANCE DOOR VIEWER								
EXTERIOR	PASS	FAIL		DEADBOLT / CHAIN					\dashv			
ENTRANCE LIGHT]	FIREPLACE / ACCESSORIES	5				ヿ			
APT. NO's OR ID]	ELECTRIC WIRING / EXTEN	SIONS							
SIDEWALKS / FENCING]	WINDOW COVERINGS								
OBSTRUCTIONS / HAZARDS]	WALLS / CEILINGS								
SHRUBBERY / BUILDING ID's				SCREENS / STORM WINDOW	NS							
DOWNSPOUTS / LEADERS / GUTTERS				LIGHT FIXTURES / OUTLETS	3							
DANGLING WIRES				CABINETS							\Box	
DOORBELL/ANNOUNCER]	REFRIGERATOR / FREEZER								
RAILINGS / HALLWAYS			1	RANGE HOOD / FILTER / FAI	V							
SPLASHBLOCKS				GARBAGE DISPOSAL								
FINISH GRADE				TOILET/ACCESSORIES								
DEBRIS / GARBAGE / WEEDS				SINK / BASIN STOPPERS								
Comments:				MIRROR / MEDICINE CABINI	ΞT						\Box	
Commence:				SMOKE DETECTOR / CO ALA	ARM							
				AIR CONDITIONING / HEAT								
				HEATER ROOM / DOOR / LOO	CK	T	$\neg \top$	П	$\neg \neg$	\neg	\neg	

GREEN TAG	RED TAG
INSPECTOR:	DATE:

DOOR SELF-CLOSING / SELF-LOCK BALCONY / SLIDING DOOR

INFESTATION