



TOWNSHIP OF RIVERSIDE
PO BOX 188
RIVERSIDE, NJ 08075
TEL: 856-461-1460
FAX: 856-461-3260
www.riversidetwp.org

APPLICATION FOR PERIODIC RENTAL INSPECTIONS

DATE: _____

FEE: \$50 per unit

DOES THE PROPERTY HAVE ZONING APPROVAL? YES NO

IS THE PROPERTY REGISTERED? YES NO

CONTACT PERSON: LANDLORD TENANT PROPERTY MANAGER

PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____ UNIT NUMBER: _____

LANDLORD NAME & MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

TENANT NAME: _____ PHONE NUMBER: _____

PROPERTY MANAGER & MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PLEASE BE ADVISED THAT ALL RENTAL PROPERTIES MUST OBTAIN A CERTIFICATE OF HABITABILITY BEFORE THE PROPERTY CAN BE OCCUPIED.

CONTACT JDORISIO@RIVERSIDETWP.ORG FOR ADDITIONAL INFORMATION.

ALSO BE ADVISED THAT ALL RENTAL PROPERTIES MUST BE REGISTERED.

CONTACT JDIMIERO@RIVERSIDETWP.ORG FOR PROPERTY REGISTRATIONS.

OFFICIAL USE ONLY

Date of Inspection: _____ Time of Inspection: _____ Inspection No: _____