

CITY OF BRIGANTINE

Bureau of Fire Prevention

Insp W Baldwin
Fire Official
NJ State Cert #136075

REQUEST FOR INSPECTION
FAX #609-266-0291

TYPE OF INSPECTION – (Check One)

Summer Rental:
Winter Rental:
Yearly Rental:
Rental Re-inspection:
Smoke Detector/CO (Sale)
Smoke Detector/CO Re:

TODAY'S DATE: _____

Please Initial when Property is ready for SD/CO inspection: _____

SETTLEMENT DATE: _____

TITLE CO: _____ PHONE #: _____

REALTY OFFICE: _____

AGENT/CONTACT PERSON: _____ CELL #: _____

PROPERTY LOCATION: _____ UNIT /FLOOR: _____

OWNER: _____

STATUS OF PROPERTY:

VACANT: _____ OCCUPIED: _____

TENANT/OCCUPANT NAME: _____

TENANT PHONE #: _____

INSPECTION NEEDED BY: _____

TERM DATES OF NEW OR CURRENT LEASE:

START DATE: _____ ENDING DATE: _____

KEY AVAILABLE: YES: ___ NO: ___ KEY#: ___ LOCK BOX#: _____