

CITY OF BRIGANTINE

Bureau of Fire Prevention

Insp Jack Murray
Fire Official
NJ State Cert #156902

REQUEST FOR INSPECTION
FAX #609-266-0291
Email: Fireprevention@brigantinebeachnj.com

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: _____ Received @ FP Office: _____

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

SETTLEMENT DATE: _____

REALTY OFFICE: _____

AGENT/CONTACT PERSON : _____ CELL # : _____ EMAIL : _____

PROPERTY LOCATION: _____ UNIT /FLOOR: _____

OWNER: _____

Status of Property:

VACANT: _____ OCCUPIED: _____

INSPECTION NEEDED BY: _____

TENANT/OCCUPANT NAME : _____

TENANT/OCCUPANT PHONE #: _____

STAYING AFTER SETTLEMENT: _____

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

LOCK BOX#: _____ DOOR CODE# _____

Property Information:

(Must Be Completed)

of Listed Bedrooms _____

of Listed Bathrooms _____

HEAT: Gas ___ Elec ___ Oil ___

WATER: Gas ___ Elec ___

STOVE: Gas ___ Elec ___

FIREPLACE: Gas ___ Wood ___

GARAGE: Yes ___ No ___

Date:

Amt:

Check/Cash:

TERMS OF NEW/CURRENT LEASE: START: _____ ENDING DATE: _____