



*City Of Burlington*  
525 High Street  
Burlington, NJ 08016  
(609) 386-0200 x142  
[inspections@burlingtonnj.us](mailto:inspections@burlingtonnj.us)

## **TENANT CHANGE INSPECTION APPLICATION**

**INSPECTIONS MUST BE SCHEDULED AT LEAST 7 BUSINESS DAYS PRIOR TO THE MOVE IN DATE**

Date of Application: \_\_\_\_\_

*Application is hereby made for inspection, approval and issuance of a Certificate of Inspection for the dwelling.*

Property Owner: \_\_\_\_\_

Address To Be Inspected: \_\_\_\_\_ Unit: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Property Type: \_\_\_\_\_

Approximate or Actual Move in Date: \_\_\_\_\_

Primary Tenant: \_\_\_\_\_ Primary Tenant Phone #: \_\_\_\_\_

Primary Tenant E-mail: \_\_\_\_\_

**LIST ALL OCCUPANTS, AGE, AND THEIR RELATIONSHIP TO THE HEAD OF HOUSEHOLD**  
ie: Mother, Father, Daughter, Son, etc.

| NAME | AGE | RELATIONSHIP      |
|------|-----|-------------------|
|      |     | Head of Household |
|      |     |                   |
|      |     |                   |
|      |     |                   |
|      |     |                   |
|      |     |                   |
|      |     |                   |
|      |     |                   |
|      |     |                   |

Pets on Location? **Yes/No** Dog/Cat/Etc: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Signature of Owner/Manager: \_\_\_\_\_

Owner/Manager E-mail: \_\_\_\_\_

Owner/Manager Phone: \_\_\_\_\_

**\$100.00 Inspection Fee will be paid by: Check/Credit Card**

IF PAYING BY CREDIT CARD, CLICK HERE. **PLEASE USE THE PROPERTY ADDRESS ON THE REFERENCE NUMBER LINE WHEN PAYING ONLINE.**  
THIS FORM DOES NOT AUTOMATICALLY GET SENT TO US, PLEASE MAIL IT IN OR EMAIL IT TO [INSPECTIONS@BURLINGTONNJ.US](mailto:INSPECTIONS@BURLINGTONNJ.US)  
REV 12/5/23