CITY OF BRIGANTINE

Bureau of Fire Prevention

Insp Jack Murray
Fire Official
NJ State Cert #156902

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: _____ **Received @ FP Office:** _____

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#: _____

Check # _____

Amount _____

Date: _____

From: _____

HEAT: Gas___ **Elec**___ **Oil**___

WATER: Gas___ **Elec**___

STOVE: Gas___ **Elec**___

FIREPLACE: Gas___ **Wood**___

GARAGE: Yes___ **No**___