

Date: \_\_\_\_\_

**TOWNSHIP OF WOODBRIDGE  
DEPARTMENT OF PLANNING & DEVELOPMENT  
RENTAL/DWELLING UNIT OWNER**

Name of Owner \_\_\_\_\_

Owner Address - Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Owner Telephone # \_\_\_\_\_

Rental Property Location \_\_\_\_\_

Tenant Phone Number \_\_\_\_\_

(Check One) Single Family Rental \_\_\_\_\_ Apt. #s \_\_\_\_\_

ALL TIMES SCHEDULED WILL BE A ONE HOUR WINDOW

**Failure to register as rental will result in court summons**

**TENANTS / LIST ALL NAMES**

**MOVE IN DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Rep. (Signature): \_\_\_\_\_ hereby certifies that the aforementioned premises have, in their judgement, been maintained in accordance with the laws of the Township of Woodbridge, T.O. #97-19, 1997, and has requested an inspection of the premises. **Inspections will be carried out between the hours of 9:00AM & 2:00PM on regular business days.**

**NOTE:** It is understood that if the inspection on the above authorization cannot be conducted by any reason attributable to the tenant, private lock, failure to keep appointment, etc., the Township of Woodbridge and \_\_\_\_\_ will automatically construe same as tenant's representation that he/she is satisfied with the condition of the unit and there are no defects that would detract from the units habitability, and that all smoke detectors are functioning properly. This does not apply to re-inspections. For all makeup inspections, a fee of \$50.00 is due with/without a physical inspection.

**OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

The aforementioned premises have been inspected in accordance with the requirements of the Township.

- Approved for Unconditional Certificate of Habitability
- Approved for Temporary Certificate of Habitability, Until \_\_\_\_\_

First Inspection Date: \_\_\_\_\_ Re-Inspection Date \_\_\_\_\_

\_\_\_\_\_  
Inspectors Signature

\_\_\_\_\_  
Inspectors Signature

Inspection Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Check # \_\_\_\_\_

Inspection Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Amount \_\_\_\_\_

Inspection Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Inspection Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_