



**LEAD-BASED PAINT INSPECTION FORM**  
*for rental properties built prior to 1979*

DATE OF APPLICATION: \_\_\_\_\_

**FEES:**

**\$205.00** Visual Assessment Inspection – per Single Bedroom Dwelling Unit (\$25.00 per each additional bedroom)

**\$20.00** Lead Hazard Control Assistance Act fee – per Dwelling Unit

NAME OF OWNER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

ADDRESS OF PREMISES TO BE INSPECTED: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT: \_\_\_\_\_

CERTIFIED LEAD INSPECTOR: \_\_\_\_\_

IT SHALL BE THE DUTY OF THE OWNER TO SCHEDULE AND ASSURE THAT ACCESS IS GRANTED TO THE PREMISES OF THIS APPLICATION WITH JERSEY SHORE REGIONAL HEALTH COMMISSION, OR OTHER CERTIFIED LEAD INSPECTOR. CANCELLATIONS OR RESCHEDULING OF APPOINTMENTS MUST BE MADE ONE FULL BUSINESS DAY IN ADVANCE. FAILURE TO COMPLY MAY RESULT IN ADDITIONAL INSPECTION FEE OF \$205.00 BEING CHARGED. IT IS THE DUTY OF THE OWNER TO ALLOW ACCESS AND MEET THE INSPECTOR AT THE ENTRANCE OF THE PREMISES ON THE DATE AND TIME BELOW. FAILURE TO KEEP INSPECTION APPOINTMENT MAY RESULT IN APPROPRIATE LEGAL ACTION. I AM ALSO ADVISED THAT THE LEAD INSPECTION IS A LIMITED VISUAL TESTING INSPECTION. IF LEAD BASED PAINT HAZARDS ARE IDENTIFIED, THEN THE OWNER OF THE DWELLING SHALL REMEDIATE THE HAZARDS THROUGH ABATEMENT OR LEAD BASED PAINT HAZARD CONTROL MECHANISMS IN ACCORDANCE WITH N.J.S.A. 52:27d-437.16(d). BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. I UNDERSTAND THAT IF THE ABOVE INFORMATION IS NOT ACCURATE, I MAY BE SUBJECT TO PENALTY.

APPLICANTS SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

(For Official Use ONLY)

Number of Units _____	\$205. Per Single Bedroom Unit \$ _____
Additional Bedrooms _____	\$ 25. Per Additional Bedroom \$ _____
Lead Hazard Control Assistance Act Fee	\$ 20. Per dwelling unit \$ <u>20.00</u>

TOTAL COLLECTED: \_\_\_\_\_ CHECK # OR CASH: \_\_\_\_\_