

INSPECTION DATE

DATE: _____, 20____

TIME: ☐ 9:00 AM – 12:00 PM

☐ 2:15 PM – 3:30 PM



TYPE

☐ \$100.00 (SINGLE FAMILY DWELLING)

☐ \$50.00 (DUPLEX PER UNIT)

AMOUNT PAID \$_____

**CITY OF CAMDEN
DEPARTMENT OF CODE ENFORCEMENT/BUREAU OF HOUSING**

RENTAL APPROVAL APPLICATION

DATE _____ EMAIL _____

LOCATION OF PREMISES: _____ BLOCK _____ LOT _____

OWNER'S INFORMATION

NAME: _____

ADDRESS: _____

(NO POST OFFICE BOX ACCEPTED)

TELEPHONE #: _____

AGENT'S INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

TENANT'S INFORMATION/NUMBER OF OCCUPANTS

NAME: _____

TELEPHONE #: _____

- ALL UTILITIES MUST BE ON AT THE TIME OF INSPECTION
- FEE INCLUDES ONE INSPECTION AND ONE RE-INSPECTION, ANY ADDITIONAL INSPECTIONS WILL COST \$25.00 AND MUST BE PAID PRIOR TO SCHEDULING
- FAILURE TO KEEP APPOINTMENT CAN RESULT IN A NO-SHOW PENALTY OF \$90.00

RENTAL APPROVAL APPLICATION - continued

Below please list ALL properties that you own in the City of Camden. Additional properties can be listed on a separate sheet of paper.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

I _____ HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ANY FALSE INFORMATION GIVEN HEREIN SHALL CONSTITUTE GROUNDS FOR REVOCATION OF ANY RENTAL APPROVAL AND MAY BE SUBJECT TO PUNISHMENT.

OWNER: _____
(PRINT)

SIGNATURE: _____

AGENT: _____
(PRINT)

SIGNATURE: _____