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APPLICATION FOR RENTAL RE-OCCUPANCY INSPECTION

Date: _____

Name of Complex: _____

Address: _____
Street City State Zip

Location of unit to be inspected: _____ Date to be Occupied: _____

Previous Tenant: _____ New Tenant: _____

Contact for inspection: _____ Phone: (_____) _____ - _____

Date of inspection: _____ Time: _____

Note: Application must be received at least five (5) business days prior to the expected date of re-occupancy. Rental Dwelling Units include all rentals of single family dwellings, multiple dwellings, town homes, condominiums and trailers; but does not include hotels, motels and rooming or boarding homes.

Fees: Initial inspection fee is \$75.00. if a re-inspection is required the fee the re-inspection shall be \$50.00.
Fees shall be paid in exact cash or check made payable to: Montgomery Township

Signature of Applicant: _____

Printed Name: _____

Position: _____

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

*****OFFICE USE ONLY*****

☐ Passed _____

☐ Failed _____

Inspector: _____

Fee Paid: _____

Date: _____

Check#: _____