



Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

PROPERTY REHAB SPECIFICATION SHEET

Obtain a copy of the current property card from the Tax Assessor and attach a copy.

Block _____ Lot _____

Work Location Address: _____

Owner Name: _____ Phone#: _____

Owner Address/City/State/Zip: _____

Property will be: Owner Occupied Rental Property

Type of structure: Rancher Cape Cod Colonial Bi-Level Townhouse

Garage: 1 Car 2 Car Currently Converted: Yes No

Additions currently on property: Rear Side Front None

Bedrooms #: _____ Bathrooms #: _____

List below under each category the schedule of improvements to each area of the structure:

Exterior:

Garage Area:

Laundry Room Area:

Kitchen/Dining Area:

Bedroom 1:

Bedroom 2:

Bedroom 3:

Bathroom 4:

Living/Family Room Areas:

Other:

New Appliances: Water Heater Furnace Boiler A/C

New Electrical Service: _____ AMP New Sewer Line: Yes NO

New Windows on Entire Structure: Yes NO

Applicant Signature: _____ Date: _____

Print Name: _____