



Township of Verona
Fire Prevention Bureau
880 Bloomfield Avenue
Verona, New Jersey 07044
Phone: 973-857-4761
www.veronanj.org

Inspection Date: _____ Inspection Time: _____

Fee Remitted \$: _____ Collected by: _____

Check # _____

Lead-Based Paint Inspection Application

Property Address: _____

Block: _____ Lot: _____ Unit#: _____

Owner: _____ Owner Mailing Address: _____

Contact #: _____ Secondary Contact# _____

Email: _____

Single Family/ Condo Two Family **Floor(s) to be inspected:** Floor #1 Floor #2

COMPLETE THIS SECTION TO REQUEST A TOWNSHIP LEAD PAINT INSPECTION (Only)

One unit \$150.00 **Two units \$300**

It shall be the duty of the owner to assure that access is granted to the premises on this application. Cancellations or rescheduling of appointments must be made one full business day in advance. Failure to comply may result in result a reinspection Fee of \$295.00 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 Township 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 pursuant to Township of Verona Ordinance §390-6.

APPLICANT SIGNATURE: _____ **PRINT NAME:** _____

COMPLETE THIS SECTION TO FILE A CERTIFICATE PERFORMED BY PRIVATE LEAD INSPECTOR (Only)

One unit \$25.00 **Two units \$50.00**

The property owner or landlord may, in lieu of having the dwelling inspected by the Township's lead inspector, directly hire a private lead inspector who is certified to provide lead paint inspection services by the State of NJ, Department of Community Affairs to perform the lead-based paint inspection in accordance with N.J.S.A 52§:27D-437.16 et seq.

APPLICANT SIGNATURE: _____ **PRINT NAME:** _____

For Official Use Only

PASS: _____ **FAIL:** _____ **REASON FOR FAILURE** _____

Inspector Signature/Date: _____ **Certificate#** _____

Send Completed Applications to fireprevention@veronanj.org