



**TOWNSHIP OF DELANCO**

770 Coopertown Road, Delanco, NJ 08075-5249 Phone 856-461-0561 Fax 856-461-0685

**APPLICATION FOR REQUEST OF LEAD PAINT INSPECTION - ORDINANCE CHAPTER 202 "LEAD-BASED PAINT INSPECTION" OF THE TOWNSHIP OF DELANCO.**

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

CHECK ONE:

(REASON FOR APPLICATION)

**FEES:**

See Attached Fee Schedule.

\_\_\_\_\_ **NEW RENTAL PROPERTY /PRIOR TO OCCUPANCY**

\_\_\_\_\_ **Change Of Tenant(s)**

\_\_\_\_\_ **Periodic Lead Based Paint Inspection**

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

MAILING ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

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

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

SPECIFY APARTMENT(S), FLOORS TO BE INSPCETED: \_\_\_\_\_

Per Apartment / Floor: Specify Number of Bedrooms: \_\_\_\_\_

(FOR Official Use ONLY) FEE COLLECTED: \_\_\_\_\_ DATE COLLECTED: \_\_\_\_\_

FEE COLLECTED BY: \_\_\_\_\_

**THE NAME OF THE PROPOSED TENANT(S) IS REQUIRED FOR DISCLOSURE**

NAME OF TENANT(S)/OCCUPANT(S):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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

APT. # /Floor #: \_\_\_\_\_

Certificate of Inspection Letter Received by: \_\_\_\_\_

DATE: \_\_\_\_\_

(Signature)

(Print)

**BY SIGNING BELOW I HEREBY CERTIFY THAT THE NAMES AND ADDRESSES SET FORTH HEREIN ARE ACCURATE, AND I UNDERSTAND THAT IF THE ABOVE INFORMATION IS NOT ACCURATE I MAY BE SUBJECT TO A PENALTY PURSUANT TO THE TOWNSHIP OF DELANCO ORDINANCE CODE, CHAPTER 202. I AM ALSO ADVISED THAT THE TOWNSHIP LEAD INSPECTION IS A LIMITED PAINT TESTING INSPECTION AND THE INSPECTION REPORT MUST NOT BE USED TO PERFORM LEAD ABATEMENT. I MUST MEET THE INSPECTOR AT THE ENTRANCE ON THE DATE AND TIME BELOW. IT SHALL BE THE DUTY OF THE LANDLORD OR HIS AGENT TO ASSURE THAT ACCESS IS GRANTED TO ALL COMPONENTS AND APARTMENTS SPECIFIED ON THIS APPLICATION. CANCELLATION OR RESCHEDULING OF APPOINTMENTS MUST BE MADE ONE FULL BUSINESS DAY (8:30 AM TO 4:00 PM) 24 BUSINESS HOURS IN ADVANCE. FAILURE TO COMPLY WILL RESULT IN ADDITIONAL INSPECTION FEES. THE TOWNSHIP CAN RE-SCHEDULE AN INSPECTION, DUE TO AN EMERGENCY OR CLOSURE. IT IS THE APPLICANTS RESPONSIBILITY TO ALLOW ACCESS AND KEEP THE INSPECTION APPOINTMENT**

**NO SHOW OR NO ENTRY WILL RESULT IN LOSS OF INSPECTION FEE AND/OR ADDITIONAL CHARGES**

APPLICANTS SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

**TOWNSHIP OF DELANCO LEAD BASED PAINT FEES  
(ORDINANCE 2023-6 CHAPTER 202)**

**§ 202-3. Fees**

The fees to be paid by the owner and/or landlord for a lead-based inspection performed by the Township's Lead Evaluation Contractor shall be as follows:

- (1) Initial Visual Inspection Fee

1 Bedroom Unit	\$320.00
2 Bedroom Unit	\$350.00
3 Bedroom Unit	\$400.00
4 Bedroom Unit or Larger	\$450.00
  
- (2) Preparation of Lead Safe Certificate:      \$30.00
  
- (3) Secondary Visual Inspection due to failed initial inspection:      \$160.00
  
- (4) Dust Wipe Sampling if necessary:      \$55.00
  
- (5) Paint Chip testing if necessary:      \$55.00
  
- (6) Inspections after required remediation:      \$160.00 per inspection
  
- (7) Lead Based Paint testing with XRF Spectrometer if requested:      \$700.00
  
- (8) Lead Based Paint testing of soil if necessary:      \$65.00
  
- (9) In accordance with N.J.S.A. 52:27D-437.16(h), an additional fee of \$20.00 per dwelling unit inspected by the Township's Lead Evaluation Contractor or the owner's private Lead Evaluation Contractor shall be addressed for the purpose of the Lead Hazard Control Assistance Act, unless the owner demonstrates that the Department of Community Affairs has already assessed an additional inspection fee of \$20.00. The fees collected pursuant to this subsection shall be deposited into the Lead Hazard Control Assistance Fund.
  
- (10) In a common interest community, any inspection fee charged pursuant to this subsection shall be the responsibility of the unit owner and not the homeowners' association, unless the association is the owner of the unit.