

CITY OF PATERSON
DEPARTMENT OF HEALTH & HUMAN
SERVICES

Joel D. Ramirez, MBA, Director



ENVIRONMENTAL DEPT.
176 BROADWAY
PATERSON, NEW JERSEY 07505

DIVISION OF HEALTH
Thakur "Paul" D. Persaud, M.D., M.P.H., PhD
Health Officer

André Sayegh
Mayor

OFFICE: (973) 321-1277
FAX: (973) 321-1248

APPLICATION FOR REQUEST OF LEAD PAINT INSPECTION - ORDINANCE CODE 351-3 "PAINT, LEAD-BASED" OF THE CITY OF PATERSON.

DATE OF APPLICATION: _____

CASE# _____

(For Official Use Only)

CHECK ONE:

(REASON FOR APPLICATION)

_____ RENTAL /PRIOR TO OCCUPANCY

_____ Change Of Tenant(s) (within 365 days of last inspection)

FEES:

Money Order / Business Checks-ONLY!

\$175.00 per 1-Apartment / Dwelling Unit

\$75.00 Each Additional Apt./Unit

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 CITY OF PATERSON ORDINANCE CODE 351-7. I AM ALSO ADVISED THAT THE CITY 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 TO QUALIFY FOR THE 5 YEAR CERTIFICATE OF INSPECTION. 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 DIVISION OF HEALTH 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: _____

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**Notice and requirements to applicants for lead inspection pursuant
to Chapter 351 Ordinance of the City of Paterson**

ALL COMPONENTS OF EXTERIOR APARTMENTS, FLOORS AND COMMON AREAS SUCH AS HALLWAYS, PORCHES, ETC. OF SAID PREMISES MUST BE IN GOOD REPAIR PRIOR TO APPLYING FOR A LEAD PAINT DISCLOSURE INSPECTION.

ALL WINDOWS, WINDOW FRAMES, DOORS AND DOOR FRAMES MUST BE INTACT. ALL WINDOWS MUST BE OPERABLE AND IN GOOD CONDITION. ALL MINOR/MAJOR REPAIRS MUST BE COMPLETED PRIOR TO MAKING APPOINTMENT FOR LEAD PAINT INSPECTIONS.

ALL PAINT MUST BE DRY AT THE TIME OF THE INSPECTION. IF YOU PLAN TO PAINT BEFORE THE INSPECTION, COMPLETE THE PAINTING WELL IN ADVANCE, SO THAT EVEN WITH WET WEATHER CONDITIONS, THE PAINT WILL HAVE DRIED BEFORE THE INSPECTION. IF PAINT IS WET AT THE TIME OF INSPECTION, THE INSPECTION WILL BE CANCELLED. THIS WILL CAUSE DELAYS AND YOU WILL BE CHARGED THE SAME FEE FOR A NEW INSPECTION. AND NO ENTRY TO THE APARTMENTS INDICATED ON THE APPLICATION WILL ALSO RESULT IN THE SAME FEE CHARGED FOR A NEW APPOINTMENT.

PLACE MOVABLE ITEMS AWAY FROM WINDOWS AND REMOVE ITEMS FROM WINDOWS SILLS AND SASHES. BE SURE THAT PLASTIC AND TAPE ARE NOT COVERING WINDOWS AND WINDOW FRAMES. THERE MUST BE FULL ACCESS TO ALL WINDOWS AND WINDOW COMPONENTS.

ENSURE THAT CONSTRUCTION ITEMS SUCH AS NAILS ARE NOT PRESENT ON THE FLOORS OR OTHER AREAS IN A MANNER THAT COULD PRESENT A HAZARD.

AFTER THE LEAD INSPECTION HAS BEEN COMPLETED YOU MUST HAVE YOUR CASE NUMBER WHEN YOU RETURN TO THE OFFICE TO ASSIST YOU IN A TIMELY MANNER.

FAILURE ON YOUR PART TO COMPLY AS THE OWNER OR AGENT WITH THE ABOVE REQUIREMENTS MAY RESULT IN A RESCHEDULING FEE EQUAL TO THE ORIGINAL FEE PAID.

YOUR COOPERATION IN THIS MATTER IS GREATLY APPRECIATED. THANK YOU

I HAVE READ THIS NOTICE, AGREE AND UNDERSTAND IT'S CONTENT

_____ - _____ DATE _____
(PRINT NAME) (SIGNATURE)