

Inspection Requests

ONE FORM PER INSPECTION

MUST FILL OUT ALL INFORMATION FOR INSPECTION

Inspector Requested: _____

Today's Date: _____

Request Date: _____

Block: _____ Lot: _____

Permit Number: _____ Address: _____

Owner: _____

Contact Person: _____

Email: _____

Phone: _____

	TYPE OF INSPECTION
Building	
Electric	
Fire	
Plumbing	
Mechanical	

email all inspection requests to
scheduleinspections@lakewoodnj.gov
or deliver to 212 4th Street Lakewood,
NJ 08701