



Town of Kearny

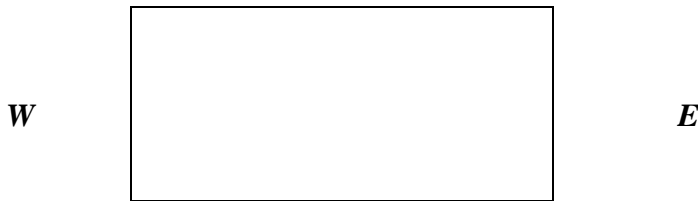
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www.kearnynj.org

PRE-DEMOLITION INSPECTION APPLICATION

Site Address: _____ Block: _____ Lot: _____
Property Owner's Name: _____
Property Owner's Address: _____
Phone: _____ Email: _____ Fax: _____
Mailing Address (if applicable): _____
Pest Control Operator's Name: _____ State License Number: _____
Trade Name of Licensed Pest Control Operation: _____
Pest Control Operation's Address: _____
Phone: _____ Email: _____ Fax: _____
Initial Date of Treatment: _____ Type of Bait(s): _____

PEST CONTROL SERVICE REPORT(S) MUST BE ATTACHED WITH THIS APPLICATION.

Location of Bait(s):
N



Applicant's Name (Print): _____ Signature: _____ Date: _____

OFFICE USE ONLY

Inspector's Initials: _____ Initial Inspection Date: _____ Final Inspection Date: _____

Remarks: _____

Re-Inspection: Yes * No

*If yes, then property owner must provide receipt of second treatment.

Approved/Denied: _____ Approval Date: _____

Inspector's Signature: _____

HEALTH DEPARTMENT APPROVAL EXPIRES TWO WEEKS FROM APPROVAL DATE INDICATED ABOVE. THIS APPLICATION MUST BE SUBMITTED TO CONSTRUCTION CODE ENFORCEMENT PRIOR TO EXPIRATION.