

Raritan Township Department of Fire Safety Services
 One Municipal Drive
 Flemington, NJ 08822
 (908) 806-6100 x.2280
www.Raritan-Township.com



APPLICATION FOR RESIDENTIAL CERTIFICATE OF INSPECTION

(SMOKE DETECTOR, CARBON MONOXIDE ALARM AND PORTABLE FIRE EXTINGUISHER COMPLIANCE)

FEE: \$50.00 When completed application and fee are received 11 or more BUSINESS days <u>prior</u> to closing date	FEE: \$100.00 When completed application and fee are received 10 or less and up to 4 BUSINESS days <u>prior</u> to closing date	FEE: \$160.00 When completed application and fee are received less than 4 BUSINESS days <u>prior</u> to closing date	Re-Inspection FEE: \$50.00* *Per Re-Inspection
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****NO CERTIFICATE OF INSPECTION SHALL BE ISSUED WITHOUT THE PRIOR PAYMENT OF THE REQUIRED FEE****

Make Check or Money Order payable to: Raritan Township
Memo Section: Include address of actual location of inspection and type of inspection

An approximate time will be given when appointment day is set-up.

BLOCK: _____ **LOT:** _____ **QUALIFIER:** _____ **YEAR RESIDENCE WAS BUILT:** _____
CLOSING DATE: ____/____/____

ADDRESS OF RESIDENCE TO BE INSPECTED: _____

TOWN: _____ **ZIP CODE:** _____

OWNER/SELLER: _____ **PHONE #:** (____) _____

ADDRESS: _____

TOWN: _____ **ZIP CODE:** _____

SCHEDULING CONTACT NAME: _____ **PHONE #:** (____) _____

******BY SIGNING BELOW, I ATTEST THAT I AND/OR A RESPONSIBLE PARTY FOR THE RESIDENCE BEING INSPECTED, HAVE VERIFIED THAT ALL FIRE SAFETY REQUIREMENTS HAVE BEEN CHECKED AND ARE IN COMPLIANCE******

SIGNATURE OF PERSON COMPLETING APPLICATION: _____

NAME OF PERSON COMPLETING APPLICATION: _____ **DATE:** ____/____/____

OFFICIAL BUSINESS – DO NOT WRITE BELOW

DATE **COMPLETED** APPLICATION AND PAYMENT RECEIVED: ____/____/____

PERSON **COMPLETED** APPLICATION AND PAYMENT RECEIVED BY: _____

1ST INSPECTION: DATE: ____/____/____ INSPECTOR: _____ CERTIFICATION #: _____

PAYMENT TYPE: [] CASH [] CHECK #: _____ [] MONEY ORDER #: _____

RECEIPT #: _____ [] PASS [] FAIL DEFICIENCIES: _____

2ND INSPECTION: DATE: ____/____/____ INSPECTOR: _____ CERTIFICATION #: _____

PAYMENT TYPE: [] CASH [] CHECK #: _____ [] MONEY ORDER #: _____

RECEIPT #: _____ [] PASS [] FAIL DEFICIENCIES: _____

3RD INSPECTION: DATE: ____/____/____ INSPECTOR: _____ CERTIFICATION #: _____

PAYMENT TYPE: [] CASH [] CHECK #: _____ [] MONEY ORDER #: _____

RECEIPT #: _____ [] PASS [] FAIL DEFICIENCIES: _____

CERTIFICATE # _____