

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



CERTIFICATE OF INSPECTION

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

SERVING THE TOWNSHIPS OF RARITAN, KINGWOOD & READINGTON

FEE: \$55.00 When completed application and fee are received 11 or more BUSINESS days prior to closing date	FEE: \$100.00 When completed application and fee are received 10 or less and up to 4 BUSINESS days prior to closing date	FEE: \$160.00 When completed application and fee are received less than 4 BUSINESS days prior to closing date	Re-Inspection FEE: \$55.00* *Per Re-Inspection
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****NO CERTIFICATE OF INSPECTION SHALL BE ISSUED WITHOUT THE PRIOR PAYMENT OF THE REQUIRED FEE****

Please Make Check or Money Order Payable to: Raritan Township

(Circle One) SALE or RENTAL	YEAR BUILT: _____
CLOSING DATE: ____/____/____	
ADDRESS OF RESIDENCE TO BE INSPECTED: _____	
TOWNSHIP: (Circle One) RARITAN KINGWOOD READINGTON	ZIP CODE: _____
OWNER/SELLER: _____	PHONE #: (____) _____
ADDRESS: _____	
TOWN: _____	ZIP CODE: _____
SCHEDULING CONTACT NAME: _____	PHONE #: (____) _____
EMAIL ADDRESS: _____	
****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 #: _____ [] AMOUNT _____
[] PASS [] FAIL DEFICIENCIES: _____

2ND INSPECTION: DATE: ____/____/____ INSPECTOR: _____ CERTIFICATION #: _____
PAYMENT TYPE: [] CASH [] CHECK #: _____ [] MONEY ORDER #: _____ [] AMOUNT _____
[] PASS [] FAIL DEFICIENCIES: _____

3RD INSPECTION: DATE: ____/____/____ INSPECTOR: _____ CERTIFICATION #: _____
PAYMENT TYPE: [] CASH [] CHECK #: _____ [] MONEY ORDER #: _____ [] AMOUNT _____
[] PASS [] FAIL DEFICIENCIES: _____

CERTIFICATE # _____