

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

BLOCK: _____	LOT: _____	QUALIFIER: _____	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 # _____