



2017 APPLICATION FOR CERTIFICATE OF INSPECTION

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

Specific appointment times are NOT possible. An approximate time will be given when appointment day is set-up.

PLEASE DO NOT CALL FOR INSPECTION TIMES

FEE: \$35.00 When completed application and fee are received more than 10 <u>BUSINESS</u> days prior to closing date	FEE: \$70.00 When completed application and fee are received less than 10 and up to 4 <u>BUSINESS</u> days prior to closing date	FEE: \$125.00 When completed application and fee are received less than 4 <u>BUSINESS</u> days prior to closing date
--	--	--

****RE-INSPECTION FEE SHALL BE AT THE COST OF \$35.00 PER INSPECTION****

****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 should include address of actual location of inspection and type of inspection

PLEASE PRINT- ALL INFORMATION IN BOX MUST BE COMPLETED PRIOR TO SUBMISSION OF APPLICATION

BLOCK: _____ **LOT:** _____ **QUALIFIER:** _____ **YEAR RESIDENCE WAS BUILT:** _____

YEAR RESIDENCE WAS LAST RENOVATED REQUIRING AN UPGRADE TO THE SMOKE ALARMS: _____

CLOSING DATE: ____/____/____ **REQUESTED INSPECTION DATE:** ____/____/____

ADDRESS OF RESIDENCE TO BE INSPECTED: _____

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

ADDRESS: _____

ATTORNEY/AGENT: _____ **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: _____

DATE CERTIFICATE ISSUED: ____/____/____ CERTIFICATE # 17-_____