



# CERTIFICATE OF INSPECTION

(SMOKE DETECTOR & CARBON MONOXIDE ALARM COMPLIANCE)

## SERVING THE TOWNSHIPS OF RARITAN, KINGWOOD & READINGTON

<b>FEE: \$55.00</b> When completed application and fee are received 11 or more <b>BUSINESS</b> days prior to closing date	<b>FEE: \$100.00</b> When completed application and fee are received 10 or less and up to 4 <b>BUSINESS</b> days prior to closing date	<b>FEE: \$160.00</b> When completed application and fee are received less than 4 <b>BUSINESS</b> days prior to closing date	<b>Re-Inspection FEE: \$55.00*</b> *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 # \_\_\_\_\_