

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



## CERTIFICATE OF INSPECTION

(SMOKE DETECTOR & CARBON MONOXIDE ALARM COMPLIANCE)

### SERVING THE TOWNSHIP OF TEWKSBURY

<b>FEE: \$45.00</b> When completed application and fee are received 4 or more <b>BUSINESS</b> days prior to closing date	<b>FEE: \$125.00</b> When completed application and fee are received less than 4 <b>BUSINESS</b> days prior to closing date	<b>Re-Inspection FEE: \$45.00*</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: Tewksbury Township**

\*\* Inspections are completed on Wednesdays. You will be contacted the Monday before with a timeslot. No special requests accepted \*\*

(Circle One) SALE or RENTAL      CLOSING DATE: \_\_\_/\_\_\_/\_\_\_      YEAR BUILT: \_\_\_\_\_

(Circle if Applicable) *PERMANENT HOME GENERATOR* and/or *SOLAR PANELS*

ADDRESS OF RESIDENCE TO BE INSPECTED: \_\_\_\_\_

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: \_\_\_\_\_ [ ] PASS [ ] FAIL

DEFICIENCIES: \_\_\_\_\_

PAYMENT TYPE: [ ] CASH [ ] CHECK #: \_\_\_\_\_ [ ] AMOUNT \_\_\_\_\_

2ND INSPECTION: DATE: \_\_\_/\_\_\_/\_\_\_ INSPECTOR: \_\_\_\_\_ [ ] PASS [ ] FAIL

DEFICIENCIES: \_\_\_\_\_

PAYMENT TYPE: [ ] CASH [ ] CHECK #: \_\_\_\_\_ [ ] AMOUNT \_\_\_\_\_

3RD INSPECTION: DATE: \_\_\_/\_\_\_/\_\_\_ INSPECTOR: \_\_\_\_\_ [ ] PASS [ ] FAIL

DEFICIENCIES: \_\_\_\_\_

PAYMENT TYPE: [ ] CASH [ ] CHECK #: \_\_\_\_\_ [ ] AMOUNT \_\_\_\_\_

CERTIFICATE # \_\_\_\_\_