

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



CERTIFICATE OF INSPECTION

(SMOKE DETECTOR & CARBON MONOXIDE ALARM COMPLIANCE)

SERVING THE TOWNSHIPS OF RARITAN, KINGWOOD, READINGTON & TEWKSBURY

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

**** 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: _____

TOWNSHIP: (Circle One) RARITAN KINGWOOD READINGTON TEWKSBURY

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 # _____