

Township of Readington Fire Prevention  
 509 Route 523  
 Whitehouse Station, NJ 08889  
 (908) 534-4051 x263  
 www.readingtontwp.org



# APPLICATION FOR RESIDENTIAL CERTIFICATE OF INSPECTION

(Certificate of Smoke Detector, Carbon Monoxide Alarm, and Fire Extinguisher Compliance)

<b>FEE: \$50.00</b> When completed application and fee are received <u>more than two weeks</u> prior to closing date	<b>FEE: \$100.00</b> When completed application and fee are received <u>within two weeks</u> prior to closing date	<b>FEE: \$150.00</b> When completed application and fee are received <u>less than one week</u> prior to closing date	<b>Re-Inspection FEE: \$50.00</b> Failed inspections require re-application and payment of \$50.00
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Make check payable to: Township of Readington  
Memo Section: Include address of actual location of inspection

Please enter **ALL** information in the box below

**Residence to be inspected:** Sale  or Rental

Property Owner: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**\*\*\*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\*\*\***  
 (Please refer to Addendum 1 which can be found attached to this document to check the basic fire safety requirements)  
 (Full requirements are extensive and can be confirmed by contacting the Fire Official)

**SIGNATURE** of person completing application: \_\_\_\_\_

**PRINT** name of person completing application: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Certificate valid for 6 months\*

**DO NOT WRITE BELOW**

DATE **COMPLETED** APPLICATION AND PAYMENT RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

1<sup>st</sup> INSPECTION: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PAYMENT TYPE: [ ] CASH [ ] CHECK #: \_\_\_\_\_  
 [ ] PASS [ ] FAIL DEFICIENCIES: \_\_\_\_\_

2<sup>nd</sup> INSPECTION: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PAYMENT TYPE: [ ] CASH [ ] CHECK #: \_\_\_\_\_  
 [ ] PASS [ ] FAIL DEFICIENCIES: \_\_\_\_\_

3<sup>rd</sup> INSPECTION: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PAYMENT TYPE: [ ] CASH [ ] CHECK #: \_\_\_\_\_  
 [ ] PASS [ ] FAIL DEFICIENCIES: \_\_\_\_\_

DATE CERTIFICATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_ CERTIFICATE # 18-\_\_\_\_\_



## Addendum 1

Please read the following information carefully:

This checklist is to confirm the basic requirements to pass the inspection. This checklist does not guarantee passing, as there are various other conditions that could cause a failure that are too extensive and infrequent to list.

Failure to confirm the following could result in a failed inspection which will require re-applying for a certificate as well as a \$50.00 fee.

### Smoke detectors:

- Required on each level of the dwelling, including basement, excluding attic or crawl space; **and** within 10 feet of bedrooms.
- Smoke detectors that were hardwired in additional rooms; bedroom, office, etc., must be maintained and kept at least **3 feet away from ceiling fans** measured from the end of the blade to smoke detector. (NFPA 72-02 11.8.3.5 Specific location requirements)
- All smoke detectors must be in working order. (Hardwired and/or interconnection must be maintained where applicable.)

### Carbon monoxide alarms:

- Outside each separate sleeping area within 10 feet of bedrooms, in working order.

### Portable fire extinguisher:

- Shall be listed, labeled, charged, and operable **1A:10B:C** (ABC dry chemical type) no larger than 10lb. **Mounted** with approved manufacturer's bracket within 10 feet of kitchen with the top no higher than 5 feet above the floor. Extinguisher must be **visible and in a readily accessible spot**, free from blocking by furniture, storage, equipment, and any other items.
- Do not mount inside cabinets, closet, or pantry.

Any questions or concerns, feel free to contact me at any time.

Sean B. Smith  
Fire Official  
Readington Township  
(908)534-4051 x263