

OFFICE USE ONLY

DATE RECEIVED _____ DATE OF INSPECTION _____

CONTACT NAME & NUMBER _____ CRI # _____

TOWNSHIP OF WASHINGTON

Construction Department ~ building@twpofwashington.us

350 Hudson Avenue ~ Lower Level
Township of Washington, NJ 07676-4799

Phone: 201-666-0462
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APPLICATION FOR CERTIFICATE OF RESALE/RENTAL INSPECTION (CRI) & CERTIFICATE OF SMOKE & CARBON MONOXIDE DETECTOR COMPLIANCE (CSCMDC)

CHECK ONE: SALE RENTAL

APPLICATION FEES:

FEES: *MUST SUBMIT TWO (2) SEPARATE CHECKS MADE PAYABLE TO "TOWNSHIP OF WASHINGTON"

CRI INSPECTION \$100.00 (COVERS FIRST 2 INSPECTIONS)
\$100.00 FOR EACH ADDITIONAL INSPECTION

FIRE (CSCMDC) INSPECTION: **DEPENDS ON DATE OF SUBMITTAL**
\$40.00 (IF SUBMITTED 10 OR MORE BUSINESS DAYS BEFORE CLOSING)
\$75.00 (IF SUBMITTED 9 OR FEWER BUSINESS DAYS BEFORE CLOSING)
\$50.00 FOR EACH ADDITIONAL INSPECTION

DATE OF APPLICATION _____ DATE OF CLOSING _____

PROPERTY LOCATION _____

BLOCK _____ LOT _____ QUAL # _____

SELLER/LANDLORD _____ PHONE NUMBER _____

CURRENT ADDRESS _____

REALTOR _____ PHONE NUMBER _____

NUMBER OF FAMILIES CURRENTLY OCCUPYING RESIDENCE _____

NUMBER OF FAMILIES OCCUPYING RESIDENCE AFTER SALE _____

NUMBER OF EACH ROOM TYPE IN RESIDENCE

___ BEDROOMS ___ BATHROOMS ___ KITCHEN ___ DINING ROOM ___ FAMILY ROOM ___ LIVING ROOM
___ SHED ___ BASEMENT (FINISHED/UNFINISHED) ___ GARAGE (ATTACHED/DETACHED)

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY

APPLICATION FEES PAID:

CRI: AMT PAID: _____ CASH ___ CHECK#: _____ PMT #: _____

CSCMDC: AMT PAID: _____ CASH ___ CHECK#: _____ PMT #: _____

REINSPECTION FEES PAID:

CRI: AMT PAID: _____ CASH ___ CHECK#: _____ PMT #: _____

CSCMDC: AMT PAID: _____ CASH ___ CHECK#: _____ PMT #: _____

INSPECTIONS ARE PERFORMED ON WEDNESDAYS, BETWEEN 12 AND 4 PM

*ONCE ISSUED, CRI IS VALID FOR SIXTY (60) DAYS AND CSCMDC IS VALID FOR THREE (3) MONTHS

REVISED 4/28/2022

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CERTIFICATE OF RESALE INSPECTION COMPLIANCE REQUIREMENTS

IN ORDER TO PREVENT ADDITIONAL INSPECTIONS AND ISSUANCE OF VIOLATIONS, THE FOLLOWING ARE EXAMPLES OF THINGS THE INSPECTOR IS CHECKING FOR:

- ✓ HOUSE NUMBER ON OUTSIDE OF HOME OR MAILBOX
- ✓ NO WORK DONE WITHOUT A PERMIT (I.E. WATER HEATER, FURNACE, DECK, ETC)
- ✓ POOLS ARE PROPERLY FENCED
- ✓ NO IMMINANT SAFETY CONCERNS (I.E. WIRES STICKING OUT OF WALL, STAIRS FALLING APART, ETC.)

CERTIFICATE OF SMOKE & CARBON MONOXIDE DETECTOR COMPLIANCE REQUIREMENTS

IN ORDER TO AVOID NEEDING A SECOND INSPECTION AND PAYING ADDITIONAL FEES, PLEASE BE SURE THE FOLLOWING ARE PRESENT AND IN THE CORRECT LOCATIONS:

1. FIRE EXTINGUISHER, SIZE 2A:10B:C – MUST BE MOUNTED INSIDE OR WITHIN 10 FEET OF THE KITCHEN. IT CANNOT BE BEHIND A DOOR THAT CLOSES; THIS INCLUDES CLOSETS, ENTRANCES TO OTHER ROOMS/LEVELS AND KITCHEN CABINETS.
2. SMOKE DETECTORS – MUST BE TEN (10) YEAR DETECTORS. MUST BE ON EACH LEVEL OF HOME. THIS INCLUDES BASEMENTS AND FINISHED ATTICS. THIS DOES NOT INCLUDE UNFINISHED ATTICS AND CRAWL SPACES.
3. CARBON MONOXIDE DETECTORS – MUST BE TEN (10) YEAR DETECTORS. MUST BE ON EACH LEVEL THAT HAS A BEDROOM AND WHERE THE MECHANICAL EQUIPMENT (FURNACE/WATER HEATER/ETC.) IS LOCATED. MUST BE WITHIN 10 FEET OF THE BEDROOMS. DOES NOT NEED TO BE INSIDE OF BEDROOMS.