

<b>OFFICE USE ONLY</b>	
DATE RECEIVED _____	DATE OF INSPECTION _____
CONTACT NAME & NUMBER _____	CRI # _____

# TOWNSHIP OF WASHINGTON

Construction Department ~ [building@twpofwashington.us](mailto:building@twpofwashington.us)  
 350 Hudson Avenue ~ Lower Level Phone: 201-666-0462  
 Township of Washington, NJ 07676-4799 Fax: 201-666-0338



**APPLICATION FOR CERTIFICATE OF RESALE 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 ( <b>COVERS FIRST 2 INSPECTIONS</b> ) \$100.00 FOR EACH ADDITIONAL INSPECTION
FIRE (CSCMDC) INSPECTION: <b>DEPENDS ON DATE OF SUBMITTAL</b>	<b>\$40.00 (IF SUBMITTED 10 OR MORE BUSINESS DAYS BEFORE CLOSING)</b> <b>\$75.00 (IF SUBMITTED 9 OR FEWER BUSINESS DAYS BEFORE CLOSING)</b> \$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:	CASH _____	CHECK _____	PMT #: _____
CSCMDC:	CASH _____	CHECK _____	PMT #: _____

**REINSPECTION FEES PAID:**

CRI:	CASH _____	CHECK _____	PMT #: _____
CSCMDC:	CASH _____	CHECK _____	PMT #: _____

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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. MUST BE WITHIN 10 FEET OF THE BEDROOMS. DOES NOT NEED TO BE INSIDE OF BEDROOMS.