



TOWNSHIP OF CHATHAM

Fire Prevention Bureau

58 Meyersville Road
Chatham, New Jersey 07928
Phone 973-635-3211
Fax 973-635-4002

Date Scheduled: _____

Time: _____

APPLICATION FOR ONE & TWO FAMILY CERTIFICATION OF SMOKE DETECTOR & CARBON MONOXIDE ALARM & PORTABLE FIRE EXTINGUISHER COMPLIANCE

Seller's/Landlord Name: _____

Address of Inspection: _____

Seller's/Landlord Phone #: _____ Closing/Occupancy Date: _____

Buyer's/Tenant's Name: _____

Selling Agent: _____ Agent's Phone #: _____

Contact to make appointment: _____ Seller/Landlord OR _____ Agent to arrange inspection.
(Please check appropriate person)

CHANGE OF TITLE: _____ CHANGE IN TENANCY (RENTAL): _____

=====
All smoke detectors should be installed in accordance with the regulations (see attached diagram) as follows:

- On each level of the dwelling, excluding attics and crawl spaces, and
- Outside each separate sleeping area in the immediate vicinity (within 10') of bedrooms; and
- All smoke detectors are in working order and less than 10 years old. (SEE ATTACHED)

Carbon Monoxide Detectors should be installed in the immediate vicinity (within 10') of each sleeping area on each level of the home and must be in working order. (See attached diagram)

All Central Station Monitored Alarm Systems (i.e. ADT, Hughes, Slomins, etc.) will be tested. Therefore, someone is required to be present that has the "reset code" for the system. Do not call the monitoring service ahead of time to notify them to put the system on test. A full test of the system needs to be conducted.

A proper size portable Fire Extinguisher should be wall mounted in the immediate vicinity (within 10') of the kitchen and must be in working order. (See attached installation requirements)

Signed: _____

OWNER/LANDLORD: _____ AGENT: _____ DATE _____

INSPECTION FEE: **\$50.00** CHECK # _____ CASH _____

PLEASE INCLUDE ADDRESS OF PROPERTY ON CHECK

Missed appointments and failed inspections **WILL**
be subjected to an additional inspection fee of **\$40.00**.

TOWNSHIP OF CHATHAM
405 SOUTHERN BOULEVARD
CHATHAM, NJ 07928
PHONE (973)-377-5114

APPLICATION FOR ONE AND TWO-FAMILY CERTIFICATION OF SANITARY SEWER
CONNECTION COMPLIANCE

CURRENT OWNER: _____
(PRINT NAME)

PROPERTY ADDRESS: _____

APPLICANT: _____
(IF NOT OWNER)

ADDRESS OF CONTACT PERSON: _____
(OWNER OR APPLICANT-CIRCLE ONE)

PHONE NUMBER OF CONTACT PERSON: _____

DATE OF CLOSING: _____

DATE OF INSPECTION: _____ TIME: _____

This application is to be submitted along with a \$25.00 check made out to Chatham Township or cash, at least ten (10) work days prior to the date of closing.

Inspections are made between 9:00 AM and 11:00 AM Tuesdays and Thursdays. Call 973-377-5114 to arrange inspection time.

(FOR OFFICIAL USE ONLY)

FEE PAID: \$25.00 CHECK # _____ CASH _____



TOWNSHIP OF CHATHAM

Municipal Building
58 Meyersville Road
Chatham, New Jersey 07928
635-4600

Please reply to:

Board of Health

APPLICATION FOR CERTIFICATE FOR CONTINUED USE OF INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Block _____ Lot _____

Address of Property _____

Name of Applicant _____

Mailing Address _____

Telephone number : (_____) _____

REPORT OF INSPECTION & TESTS

Pursuant to Section 16(c) of Ordinance BH-3-90, as amended

Date of Inspection and Tests _____

On-Site Inspection _____

Tests: (a) Dye Test _____

(b) Probe Test _____

(c) Usage Test _____

I hereby certify that I personally made the on-site inspection of the subject property and conducted the tests indicated above, and that such inspection was performed and such tests were made in the manner required by Section 16(c) of Ordinance BH-3-90 as amended.

I further certify that the inspection and tests did not reveal or produce evidence of any overflow of the system or any seepage from the system into any water course as defined in the State Standards, N.J.A.C. 7:9A-2.1.

Date _____

Professional Engineer License # _____ (Seal)

Or

Registered Environmental Health Specialist

Received by the Board of Health _____ By _____

Township of Chatham Code Enforcement

Construction Records Clearance Application

Application Fee \$40.00

Seller Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone (____) _____

Property Address _____
Block _____ Lot _____

() Single Family () Two Family () Condominium
Approx Year Built _____

Please answer the following questions:

Swimming Pool on site	Yes	or	No
Finished Basement	Yes	or	No
2 nd Kitchen	Yes	or	No

Contact Person (Agent): _____ Phone# _____
Address: _____

Closing Date _____

I hereby certify that I am the (agent) owner of record and am authorized to make this application

Signature

Date

DO NOT WRITE BELOW THIS LINE

Open Permits Yes or No

If yes, Permit #'s _____

Certificate of Occupancy/Approvals Issued Yes or No Certificate # _____

Cash or Check# _____

Certificate to be () Mailed or () Called () Owner or () Agent (Contact Person)

Please mail or submit completed application w/Payment to: Township of Chatham Code Enforcement, 58 Meyersville Road., Chatham, NJ 07928