

No. _____

SOUTH HARRISON TOWNSHIP

APPLICATION FEE: \$100

DATE: _____

CHECKLIST FOR CONTINUED/CHANGE OF OCCUPANCY & CERTIFICATE OF RESALE AND/OR RENTAL

OWNER:					PHONE:	
ADDRESS:					BLOCK:	LOT:
BUYER/TENANT:						
AGENT:					PHONE #	
CONTACT NAME TO SET APPOINTMENT:					PHONE #	
SETTLEMENT DATE:						
INSPECTOR'S NAME:					FAILURE DATE:	
INSPECTOR'S SIGNATURE:					APPROVAL DATE:	
Pass	Fail	Requirement	Pass	Fail	Requirement	Comment
		EXTERIOR			Vapor Barrier in tact	
		Visible 911 ID			Flooring	
		Steps			Kitchen	
		Walkways			Bath	
		Ramps			Switch/Receptacle Covers	
		Guardrails			Electrical Fixtures	
		Handrails			Panel Box	
		Obstructions/Hazards			A/C Disconnect	
		Perimeter Grading			Window Glass	
		Gutters & Spouts			Egress Windows Operational	
		Splash Blocks			Window Guards	
		Basement or Crawl Space			Water Heater	
		Foundation Openings			Chimney Connection	
		Accesses Secure/Weatherproof			Relief Valve	
		Sum Pump			Floor Discharge	
		Electrical Connection			Water Pipes	
		Backflow			Drain Pipes	
		Discharge			Fixtures	
		Mold			Toilet Mounting	
		INTERIOR			Hot Water Controls	
		Infestation - Mice/Insects			Cold Water Controls	
		Handrails			Mold	
		Guardrails			Heating System	
		Bathroom Venting			Panel Covets in tact	
		Fan			Chimney Connection	
		Window			Smoke Detectors	
		GFI Receptacles			CO Detectors	
		Kitchen			Fire Extinguisher	
		Bath			Size 2A-10BC	
		Garage			Within 10 Feet of Kitchen	

IF SMOKE DETECTORS ARE TIED INTO A SECURITY SYTEM, THE ALARM COMPANY MUST BE NOTIFIED PRIOR TO TESTING!

RE-INSPECTION NEEDED: Yes _____ No _____

Does the property have a Septic System: *Yes _____ No _____ *If yes, you need to produce a Septic Certification from
 PASS _____ FAIL _____ Gloucester County Health Department

Does the property have a Well: *Yes _____ No _____ *If yes, you must produce a well test report. N.J.S.A. 58:12A-26
 PASS _____ FAIL _____