

**SHAMONG TOWNSHIP**  
**105 Willow Grove Road**  
**Shamong NJ 08088**  
**Phone (609)268-2377 ext 305/Fax (609)268-2701**  
Email: [shamongconstruction@comcast.net](mailto:shamongconstruction@comcast.net)

**RESIDENTIAL RE-SALE INSPECTION**

The fee for said inspection will be \$50.00. A check made payable to Township of Shamong must accompany this form. If a re-inspection is required an additional fee of \$25.00 will be collected. The fee is non-transferable. If the change is not made within six months a new application shall be required.

**WHEN SCHEDULING AN INSPECTION, A 14 DAY NOTICE MUST BE GIVEN.**

Settlement Date: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address to be Inspected: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Delivery of Certificate: ( ) Email \_\_\_\_\_ ( ) Mail ( ) Pick-up

A property maintenance certificate will only be issued when the premises inspected are consistent with Shamong Township's Land Use and Property Maintenance Codes. This inspection will include but not limited to the following:

1. Smoke detector on each floor, including basement, excluding unfinished attic or crawl space.
2. Smoke detect and Carbon Monoxide detector alarm within 10' feet of all bedrooms.
3. House numbers on front of house or end of driveway at least 3" inches in size either lighted or reflective.
4. Reflective house numbers on both sides of mailbox.
5. Pool and hot tub enclosures must be up to code.
6. Steps and railings must all be stable and secure.
7. Chimney caps and spark arrestor must be installed.
8. Visible fire extinguisher in kitchen 2A10BC (must be mounted)

If buyer is purchasing property "AS IS" we will need a notarized letter stating such. No certificate will be issued without this. All construction permits must be closed prior to the inspection being completed.

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**OFFICE USE**

Open Permit: ( ) Yes, permit #: \_\_\_\_\_ / Schedule Insp: \_\_\_\_\_ ( ) No

Date Paid: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_

1<sup>st</sup> Date of Inspection: \_\_\_\_\_

Pass: ( ) Yes ( ) No Re-Inspection Date: \_\_\_\_\_ Re-Inspection Paid: \_\_\_\_\_ / Check#/Cash \_\_\_\_\_