**Township Of Wantage**
**888 State Routes 23, Wantage, NJ 07461**
**973-875-7195**

**Smoke Detector, Carbon Monoxide & Fire Extinguisher Compliance Application**
**Application for Resale/Rental Re-occupancy Inspection**

Block: _____ Lot: _____

Property Address: _____

This transaction is a (Circle One) **Sale** **or** **Rental**

☐ **Owner** ☐ **Agent** : _____
Mailing
Address: _____

_____

Phone # _____

☐ **Buyer** ☐ **Tenant** : _____
Mailing
Address: _____

_____

Phone # _____

| | Owner | Assessor | Inspector |
|---|---|---|---|
| Type of Heat (gas, oil, electric) | _____ | _____ | _____ |
| Number of Bathrooms | _____ | _____ | _____ |
| Whirlpool Tub/Jacuzzi | _____ | _____ | _____ |
| Wood/Gas/Pellet Stove | _____ | _____ | _____ |
| Decks & Size | _____ | _____ | _____ |
| Sheds & Square Footage | _____ | _____ | _____ |
| Pool Above/Inground/Hot Tub | _____ | _____ | _____ |
| Attached Garage | _____ | _____ | _____ |
| Detached Garage | _____ | _____ | _____ |
| Central A/C | _____ | _____ | _____ |
| Exterior Finish (vinyl, brick, wood) | _____ | _____ | _____ |
| Outdoor Furnace | _____ | _____ | _____ |
| Finished Basement | _____ | _____ | _____ |

**********NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR COH TO BE ISSUED:**********

_____Smoke detector has been installed on each level of dwelling, including basements; excluding unfinished attic Or crawl space; and

_____Smoke detectors and carbon monoxide alarm have been installed outside each separate sleeping area; and within 10 feet of bedrooms; and

_____All smoke detectors are in working order. Carbon monoxide alarm(s) in working order, fire extinguisher present.

_____ _____ _____
Owner Date Tax Assessor Date Inspector Date

Office:
FEE $ 80 PER UNIT Date paid _____ Check/Receipt # _____

COH # _____ Inspection Date: _____

Open permits and/or penalties :_____ Sign/Date_____

☐ Final Copy for Assessor