



TOWNSHIP OF JACKSON
 DIVISION OF CONSTRUCTION INSPECTIONS
 65 CONNOR BLVD, JACKSON, NJ 08527
 (732) 928-1200 EXT 1253 FAX (732) 928-7861

Steve Scaglione
 Housing Inspector
 Residential Resale CCO

HOUSING INSPECTION CHECKLIST

GENERAL:

- **ALL UTILITIES** shall be turned on and operable. This includes all major appliances.
- If you have a well, an Ocean Co. Board of Health Certificate is required and is good for 6 months (732) 341-9700.
- Entrance stairs, platforms, decks and railings shall not be in disrepair. Stairs with 3 or more steps require railings.
- Double keyed deadbolt locks are prohibited.
- Smoke Detectors must meet code requirements when structure was built, hardwire and battery backup. Housing units built prior to required code shall have one battery op detector on every level and within 10' of all sleeping areas.
- Carbon Monoxide detector shall be installed outside the sleeping areas on all levels as per manufacturer's specs.
- Fire extinguisher shall be a minimum 2A:10B:C on site for inspection and left for the new occupant. It must be visible and located near an exit door within 10 feet of the kitchen. Mounting is no longer required.
- Exhaust fan is required for bathrooms without an operable window.
- All windows and skylights shall be operational without slamming shut and furnished with screens without holes.
- All sliding doors shall have screens.
- No walls shall have holes; walls shall be clean and painted if needed.
- The garage may not communicate to an attic space; it shall be sealed off.
- Floor coverings must not be worn, carpets to be clean with no stains.
- Gutters, leaders, splash must be in good condition and clean.
- House number shall be displayed on home and be at least 3-1/2" in size.
- Tiles on walls and floors shall be secure with no cracks and none shall be missing.
- No missing, cracked or broken molding.
- Sump pump holes shall be covered.
- Dryers shall be vented only with metal vent connector. Plastic is prohibited.
- Chimney Certification is required for all solid fuel appliances and is good for 6 months. Coal/Wood/Pellet
- Outside property must be free and clear of debris
- **All permits must be closed. Permits may be required for work already done.**

BASEMENT:

- Check the stairs, railings, guards and risers. Check for cracks in foundation walls.
- Check emergency switch for heating units. Check the ducts
- All disconnected gas or oil lines shall be capped closed if not in use.

GARAGE:

- Door for garage/dwelling separation shall not be less than a minimum of 1-3/8" solid core door.
- Garage scuttle access or fold-down stairs shall be closed to the attic space.
- Overhead garage doors shall be operational.

PLUMBING:

- Check under all sinks for leaks. Bathrooms shall be operational, flex drains prohibited.
- Tap water, hot & cold shall be operational. Hot must be located on the left side. Seal around the tub must be present.
- Safety valve on the hot water heater shall be present and piped to within 6" of the floor.

ELECTRICAL:

- All switches and receptacles shall have their cover plates in place.
- Any outlet within 6' of a sink shall be **GFCI** protected.
- There shall be no open electrical boxes, exposed wiring or slots within a panel box.

MOBILE HOMES:

- Dwelling shall be tied down in place. Heat tape shall be in good condition.
- Skirting must be off at heat tape and tie down locations for inspection.
- **Letter from Park Management is required.**
- Dryer shall be vented to the exterior of the skirting with metal vent connector only.
- Safety valve on hot water heater shall terminate through the subfloor.

Date: _____ Inspector _____ Block _____ Lot _____

Address: _____ Ref# _____

Notes on back Yes ___ No ___



TOWNSHIP OF JACKSON
 DIVISION OF CONSTRUCTION INSPECTIONS
 COMMERCIAL CCO INSPECTIONS
 HOUSING RESALE CCO INSPECTIONS
 65 DON CONNOR BLVD.
 JACKSON, NJ 08527

STEVE SCAGLIONE - Ext. 1253
LARRY LOGAN - Ext. 1247
 HOUSING INSPECTOR
 RESIDENTIAL RESALE CCO
 732-928-1200
 732-928-7861 - FAX

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HOUSING RESALE

MAILING ADDRESS: 95 WEST VETERANS HIGHWAY

MAIN NUMBER: 732-928-1200 - EXT. 1205

PAYMENT MUST ACCOMPANY APPLICATION - NO ELECTRONIC PAYMENTS - VOID AFTER 6 MONTHS
APPLICATION FEE AND 1st REINSPECTION IS \$100.00 - EACH REINSPECTION IS \$50.00 AND PAID PRIOR TO

PLEASE PRINT OR TYPE BLOCK: _____ LOT: _____ REFERENCE NUMBER: _____

ADDRESS TO BE INSPECTED: _____ PROPERTY OWNER: _____

ADDRESS OF OWNER IF DIFFERENT: _____ CONTACT NUMBER: _____

COMMUNITY DEVELOPMENT: _____ CONTACT NUMBER: _____

PRINT OWNER/AGENT NAME: _____ SIGNATURE: _____

DATE: _____ AGENT CONTACT NUMBER: _____ FAX NUMBER: _____

TYPE OF WATER SUPPLY: PUBLIC: _____ WELL: _____ REQUIRED; ORIGINAL [WHITE COPY] OF THE WELL WATER CERTIFICATION FROM THE OCEAN COUNTY BOARD OF HEALTH MUST BE SUBMITTED BEFORE THE CONTINUED CERTIFICATE OF OCCUPANCY IS ISSUED.

THIS OFFICE IS NOT RESPONSIBLE FOR THE ACTIONS OF THE PROPERTY OWNER FOR NOT SECURING REQUIRED PERMITS FOR WORK PERFORMED WITHOUT AND, FOR FAILURE TO CLOSE OPEN PERMITS OR VIOLATIONS.

PRIOR TO SCHEDULING A CLOSING DATE, IT IS THE PROPERTY OWNERS RESPONSIBILITY TO RESOLVE SAID INFRACTIONS WHEN FOUND. NO CCO WILL BE ISSUED WITH ANY OPEN PERMITS OR VIOLATIONS.

THERE IS A 10-DAY WINDOW FROM THE TIME OF THE INSPECTION TO THE ISSUANCE OF THE CONTINUOUS CERTIFICATE OF OCCUPANCY. CCO INSPECTIONS ARE ONLY APPROVED FOR SIX (6) MONTHS FROM THE DATE OF APPROVAL/ISSUING.

AN ADULT OF 18 YEARS OF AGE MUST BE PRESENT IF THERE ARE PERSONAL BELONGINGS WITHIN THE DWELLING.

FOR OFFICE USE ONLY

1. REQUESTED DATE OF INSPECTION: _____ PASSED: _____ REJECTED: _____

2. REQUESTED DATE OF REINSPECTION 1st.: _____ PASSED: _____ REJECTED: _____

3. REQUESTED DATE OF REINSPECTION 2nd. _____ PASSED: _____ REJECTED: _____

PRIVATE WELL/WATER CERT.: _____ ASSOCIATION LETTER: _____ CHIMNEY CERTIFICATION: (Y) ___ (N) ___ (NA) ___

VIOLATION LIST: PROVIDED SHEET #4 TO HOMEOWNER (Y) ___ (N) ___ SHEET #5 ATTACHED (Y) ___ (N) ___

SELLER PAID/CCO: ___ BUYER PAID/CCO: ___ AGENT PAID/CCO: ___ ALL DOCUMENTS SUBMITTED: (Y) ___ (N) ___

1. TYPE OF PAYMENT: CASH ___ CHECK (#) _____ MONEY ORDER (#) _____ RECEIPT (#) _____

2. TYPE OF PAYMENT: CASH ___ CHECK (#) _____ MONEY ORDER (#) _____ RECEIPT (#) _____



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HOUSING RESALE

MAILING ADDRESS: 95 WEST VETERANS HIGHWAY

MAIN NUMBER: 732-928-1200 - EXT. 1205

VERIFICATION OF OPEN PERMITS & VIOLATIONS

TO BE COMPLETED BY OFFICE STAFF ONLY

DATE: _____

PROPERTY ADDRESS: _____

NEW - BLOCK: _____ LOT: _____ VERIFIED BY: _____

OLD - BLOCK: _____ LOT: _____

OPEN PERMITS: YES: _____ NO: _____

1. PERMIT #: _____

2. PERMIT #: _____

3. PERMIT #: _____

OPEN VIOLATIONS: YES: _____ NO: _____

1. VIOLATION #: _____

2. VIOLATION #: _____

3. VIOLATION #: _____

ANY ATTEMPT TO ALTER THIS DOCUMENT IS A VIOLATION OF 2C:21-1, A CRIMINAL OFFENSE WHICH COULD RESULT IN 18 MONTHS IN PRISON AND/OR UP TO A \$10,000.00 FINE



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