

**CONSTRUCTION RECORDS CLEARANCE (CRC)  
REQUIREMENTS**

1. Construction Records Clearance Application – Residential Form completed and returned to the Building Department with a \$200.00 fee, check made payable to Franklin Township.
2. A copy of the listing from your Real Estate Agent.
3. New Jersey Private Well Water Test Report.
4. Water Test sign off sheet completed by the seller and purchaser to acknowledge receipt of the Water Test Report.
5. A copy of the Smoke Certificate from the Franklin Township Bureau of Fire Prevention, 67 Quakertown Road, Pittstown, NJ Tel. 908 735 8704.

You can print the required information from our website at [www.franklin-twp.org](http://www.franklin-twp.org) or pick up a copy from our Municipal Offices, during normal office hours Monday to Friday 8am to 4pm at 202 Sidney Road, Pittstown, NJ, 08867

**Construction Records Clearance Application – Residential**

Information on Property being sold: (must allow 10 Business Days to process)

**Please allow additional time if any permits need to be processed.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Email \_\_\_\_\_

Please enclose copy of listing of home. Phone Number \_\_\_\_\_

( ) Single Family ( ) Two Family ( ) Multi Family

Swimming Pool on site Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, type of pool? Above Ground ( ) In-Ground ( ) Hot Tub ( )

Pool Fence in place Yes \_\_\_\_\_ or No \_\_\_\_\_

(at least 4ft high, self-closing and latching)

Finished Basement Yes \_\_\_\_\_ or No \_\_\_\_\_

Out Buildings (Sheds, Barns, Garages, Pool Houses) Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, what size?

Decks Yes \_\_\_\_\_ or No \_\_\_\_\_

Whole House Generator Yes \_\_\_\_\_ or No \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM THE AGENT OR OWNER OF RECORD AND I AM AUTHORIZED TO MAKE THIS APPLICATION:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a fee for \$200.00 made payable to Franklin Township

Search revealed: sub-codes opened

Open Permit #	Building	Electric	Plumbing	Fire	COAH	Other
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Name of New Owner \_\_\_\_\_

If the closing does not occur within six months, a new application/payment may be required.

**WATER TEST SIGN OFF SHEET**

Permit # \_\_\_\_\_

**STATEMENT**

The undersigned persons have received and reviewed a copy of the water test report  
(dated \_\_\_\_\_), performed in accordance with the New Jersey Private Well  
Testing Act (Chapter 40), regarding the property known as:

Block \_\_\_\_\_ Lot \_\_\_\_\_, located at:

Address \_\_\_\_\_

Franklin Township, Hunterdon County.

Acknowledged by:

\_\_\_\_\_  
Please print Seller's Name

\_\_\_\_\_  
Please print Purchaser's Name

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Signature of Purchaser

Date: \_\_\_\_\_

Date: \_\_\_\_\_