

**BOROUGH OF FAIR LAWN**  
**CCO - RESALE INSPECTION CHECK LIST**  
 201-794-5308

CCO# \_\_\_\_\_

BLOCK/LOT \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Present at Inspection: \_\_\_\_\_

Pass	Fail	EXTERIOR	COMMENTS	Permit
<input type="checkbox"/>	<input type="checkbox"/>	Walkways		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Driveway		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Debris		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Oil Tank		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Railings		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Building Exterior		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Accessory Structure		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fences		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Recycling Container		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Attached Garage		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Electric Service		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Steps		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	House Number		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Water Valve Cert.		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish		<input type="checkbox"/>

Pass	Fail	INTERIOR	COMMENTS	Permit
<input type="checkbox"/>	<input type="checkbox"/>	Water Heater		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Heating Unit		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Electric		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Gas Pipe		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Handrails		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stairs		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Central A/C		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Renovation		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire Cert.		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>

Basement	UNFIN	25	50	75	100	Laund	Rec	Util	Bath #	
First Level	KIT	LR	DR	Bedrm #		Bath #				
Second Level	Bed	1	2	3	4	Bath #				
Third/Attic	Storage									

	Permit #	B	Closed	P	Closed	E	Closed	F	Closed
<b>OPEN PERMITS</b>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

INSPECTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

RE-INSPECTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Certificate:</b>	
Mailed <input type="checkbox"/>	Faxed <input type="checkbox"/>