

*Borough of Middlesex
Office of Construction Official
1200 Mountain Avenue
Middlesex, NJ 08846
Phone: 732-356-7400 ext 247 Fax: 732-356-3050*

**Instructions for Residential Resale Certificate/ Resale Leased Certificate
Inspections**

\$100.00 Check made payable to: Middlesex Borough
(Checks or cash accepted)

\$50.00 Check made payable to: Office of the Fire Marshall
(check or money order only **NO CASH** to Office of Fire Marshall)

There are **2 (ea.)** Inspectors

Inspections are done **Tuesday** and **Thursday**

County Fire Inspection hours are 2:00 – 4:00 pm
Borough Building Inspection hours are 2:00 to 4:00 pm

All Paperwork and fees get returned to the Construction Department.
We will forward to the County, the Police, and the Zoning Department.

****must have time to be able to look for any open permits****

ATTN: ALL RENTALS**PLEASE UPDATE
LANDLORD REGISTRATION WITH ZONING
DEPARTMENT******

Payment _____
Check No. _____
Cash _____
Rect No. _____
Date _____

BOROUGH OF MIDDLESEX
1200 Mountain Ave
Middlesex, NJ 08846
Office of the Construction Official
732-356-7400 ext: 247 FAX 732-356-3050

FEE PER DWELLING UNIT \$100.00
REINSPECTION FEE \$50.00

**APPLICATION FOR RESALE CERTIFICATE/RESALE LEASED CERTIFICATE
(RESIDENTIAL)**

Date _____

Date of Closing _____

Property Address _____

Present Owner's Name(s) & Address

New Owner/Tenant: _____
(First & Last Names Required)

Unit# _____ Block _____ Lot(s) _____ Zone _____

No. Bedrooms per unit _____

Type of Structure: Single Family Multi Family
#of units _____

I hereby request you to make an inspection for a Resale Certificate/Resale Leased Certificate for the above mentioned property.

Person to contact concerning inspection: _____

Phone No (between 9:00 AM & 2:00 PM) _____

Home: _____

Business: _____

Signature of Applicant

For Office Use Only:

Approved as _____ BY: _____

Use Group _____

Inspection Day _____ Date: _____ Time: _____

NOTICE

THE STATE OF NEW JERSEY AND THE BOROUGH OF MIDDLESEX REQUIRE THE FOLLOWING ITEMS TO BE COMPLETED PRIOR TO THE ISSUANCE OF A RESALE CERTIFICATE

- 1. Smoke detectors are required at a minimum of one (1) on each floor within ten (10) feet of all sleeping areas including the basement. Smoke detectors have to be within seven (7) years of the manufacturing date.**
- 2. Carbon monoxide detectors: one (1) CO detector to be installed within ten (10) feet of all sleeping areas- outside room**
- 3. A fire extinguisher shall be mounted within ten (10) feet of the kitchen area – no smaller than a 2 ½ pound nor larger than a 10-pound ABC type rated fire extinguisher.**
- 4. Rails & guard on steps of three (3) risers or 30 inches**
- 5. Well water and/or septic system report from Board of Health**
- 6. Water heater grounded (jump bonded) & discharge tube not to be reduced and within six (6) inches of the floor**
- 7. Dryer vent pipe must be solid aluminum vent pipe – not flex pipe**
- 8. Anti-tilt device required on stove**
- 9. House numbers shall be visible from street**
- 10. Egress doors shall be readily openable from inside the dwelling without the use of a key or special knowledge or effort**
- 11. The Middlesex Resident Info forms for new owners and/or tenants must be brought to the Construction Office before certificate will be issued.**

BOROUGH OF MIDDLESEX ZONING DEPARTMENT

Barrie Palumbo

Zoning Officer/Code Enforcement

1200 Mountain Avenue

Middlesex, New Jersey 08846

732-356-7400 Ext: 260

bpalumbo@middlesexboro-nj.gov

NEW OWNER INFORMATION

RESIDENCE FILE
(please print clearly)

Property address: _____

Buyer's name(s): _____

Buyer's Mailing Address: _____

Buyer's Phone: _____

Buyer's Email: _____

(Please check the appropriate boxes):

Type of Structure: Single Family Multi Family

If Multi Family: Number of Units _____

Owner Occupied Rent all units

USE OF PROPERTY: Primary Residence Rental Unit Demo



MIDDLESEX BOROUGH POLICE DEPARTMENT

1101 Mountain Avenue
Middlesex, New Jersey 08846
732-356-1900
732-356-7218 Fax

Matthew P. Geist
Chief of Police

RESIDENCE FILE

Name: _____

Address: _____ Street: _____

Mail Address if different from above: _____

City: Middlesex State: NJ Zip: 08846

Phone: _____ Date: _____

NIGHT LISTINGS:	Name	Phone Number
1.	_____	____-____-____
2.	_____	____-____-____
3.	_____	____-____-____
4.	_____	____-____-____

Comments: _____

**** PLEASE REPORT ANY CHANGES OF NIGHT LISTINGS TO POLICE IMMEDIATELY ****

PLEASE COMPLETE AND RETURN FORM TO:

Middlesex Police Department
1101 Mountain Avenue
Middlesex, NJ 08846

NOTE: PURSUANT TO N.J.C. 5:18-2 (STATE FIRE CODE), A COPY OF THIS FORM WILL BE SENT TO THE MIDDLESEX BOROUGH BUREAU OF FIRE PREVENTION.

POLICE USE ONLY - Date Copy Sent to BFP: _____ By: _____