

Middlesex Borough
1200 Mountain Ave, Middlesex, NJ 08846
732-356-7400 ext. 247

Department of Code Enforcement, Zoning and Construction

Residential Sale / Re-Rent Application

As per Chapter 158 Article II of the Borough Code - Failure to complete all required areas will lead to a rejected application

Obtaining a Sale / Re-Rent Certificate from Middlesex Borough under chapter 158 Article II will require satisfying 2 areas.

Area 1 – Pass a Sale / Re-Rent Inspection – **Complete Section 1 & 2 to schedule the inspection**

NOTE: Section 1 & Section 2 ONLY are a fillable PDF

Area 2 – Obtain a Smoke Detector, Carbon Monoxide Detector and Fire Extinguisher certificate – **Complete Section 3 to schedule inspection with the Middlesex County Fire Marshal**

Office Use Only: **FEES*: \$125.00 per unit** Amount Paid: _____ Check # _____ Date Paid: _____

NOTE: A \$50 Fee will be payable to the Middlesex Fire Marshal for the Smoke Detector Inspection

Section 4 Contains important information for preparing for your inspections

Total number of UNITS to be inspected: _____

Section 1 Sale / Re-Rent Inspection Application

Property Address: _____ Block: _____ Lot: _____ Zone: _____

Property Owner Name: _____ Application Date: _____

Property Owner Address _____

Email: _____ Cell: _____

Indicate type of Inspection: Sale Change of Occupancy (Rental) Unit# _____

Indicated the type/use of the property: (only check the ONE that applies)

- ____ Single Family Property that will be **Owner Occupied**
- ____ Single Family Property that will be **RENTED**
- ____ 2 Family (UNIT) Property that will be owner Occupied
- ____ 2 Family (UNIT) Property that will NOT be owner Occupied (both units will be rentals)
- ____ 3 or more Family Property. Total Number of Units: _____

For a CHANGE OF OCCUPANCY, complete the following:

Dwelling: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

I hereby acknowledge that I have read this application, that the information given on pages 1 & 2 is correct, that I am the owner or duly authorized to act in the owner's behalf, and such hereby agree to comply with the applicable requirements of the Middlesex Borough.

Applicant Signature

Date

Section 2 For Sale of Property

Owner Dwelling : Unit Number _____ (if building is NOT owner occupied, go directly to Rental Dwelling #1)

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #1: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #2: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #3: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #4: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #5: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #6: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #7: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #8: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #9: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Rental Dwelling #10: Unit Number _____ Name of Lease: _____

of Bedrooms _____ # of Baths _____ **# of Occupants** _____

Please call the Zoning office if you need to add information for additional units

Section 3 Smoke Detector, Carbon Monoxide Detector & Fire Extinguisher Cert Application



Middlesex County Fire Marshal
 1001 Fire Academy Drive
 Sayreville, NJ 08879

Phone: 732-316-7171
 Fax: 732-721-7486

SMOKE & CARBON MONOXIDE DETECTOR APPLICATION

Inspector: _____
 Date _____
 Time _____

Sale

Rental

PROPERTY ADDRESS: _____ YEAR BUILT: _____

 BLOCK: _____ LOT: _____

Closing/Rental Date: _____
 Inspection Contact: _____ Phone # _____
 Seller/Owner Name: _____ Phone # _____
 Realtors' Name: _____ Phone # _____
 Buyer/Renter Name: _____ Phone # _____

Smoke Detector #1	
Floor:	<input type="checkbox"/> Battery
Location	<input type="checkbox"/> Electric
	<input type="checkbox"/> Electric w/battery back-up
Smoke Detector #2	
Floor:	<input type="checkbox"/> Battery
Location	<input type="checkbox"/> Electric
	<input type="checkbox"/> Electric w/battery back-up
Smoke Detector #3	
Floor:	<input type="checkbox"/> Battery
Location	<input type="checkbox"/> Electric
	<input type="checkbox"/> Electric w/battery back-up
Smoke Detector #4	
Floor:	<input type="checkbox"/> Battery
Location	<input type="checkbox"/> Electric
	<input type="checkbox"/> Electric w/battery back-up
Carbon Monoxide Detector #1	
Floor:	<input type="checkbox"/> Battery
Location	<input type="checkbox"/> Electric
	<input type="checkbox"/> Electric w/battery back-up
Carbon Monoxide Detector #2	
Floor:	<input type="checkbox"/> Battery
Location	<input type="checkbox"/> Electric
	<input type="checkbox"/> Electric w/battery back-up
Fire Extinguisher	
Location	

***** IMPORTANT REMINDER:**
 CO Detectors: replace after 5 years
 Smoke Detectors: replace after 10 years

Section 4 – Information about your inspections

THE STATE OF NEW JERSEY AND THE BOROUGH OF MIDDLESEX REQUIRE THE FOLLOWING ITEMS TO BE IN COMPLIANCE PRIOR TO THE ISSUANCE OF A RESALE/LEASED CERTIFICATE

- 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.
- Carbon monoxide detectors: one (1) CO detector to be installed within ten (10) feet of all sleeping areas- outside room
- 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.
- Running water
- Functioning electric
- At least one flushable toilet
- Rails & guard on steps of three (3) risers or 30 inches
- Well water and/or septic system report from Board of Health (if applicable)
- Water heater grounded (jump bonded) & discharge tube not to be reduced and within six (6) inches of the floor
- Solid aluminum dryer vent pipe – not flex pipe
- Anti-tilt device on stove
- House numbers visible from street
- Egress doors readily openable from inside the dwelling without the use of a key or special knowledge or effort
- No presence of mold and/or water damage
- Any outstanding fines or liens paid in full
- The Middlesex Resident Info forms and fees for new owners and/or tenants must be brought to the Construction Office before any inspections are scheduled.

REQUIRED FOR CHANGE OF TITLE ONLY:

- Floor(s) plan layout to include but not limited to: all floors of dwelling from attic to the basement, all rooms located on each floor, all sinks, washer, dryers, furnace, water heater, built in microwave(s), etc...

RESIDENTIAL SMOKE DETECTOR, CO DETECTOR, & FIRE EXTINGUISHER COMPLIANCE GUIDELINES

1. Smoke detectors and carbon monoxide detectors must be within 10 feet of any bedroom.
2. For floors that do not have bedrooms, there must be at least one (1) smoke detector on each floor. If you have an unfinished attic, you do not need a smoke detector in the attic area. Both finished and unfinished basements require a smoke detector.
3. Smoke detectors cannot be more than 10 years old. Standalone carbon monoxide detectors cannot be more than 7 years old. To determine the age of your detector, look at the date of manufacture on the rear of the unit. If the smoke detector has a manufacture date that is more than 10 years old, (or 7 years old for standalone carbon monoxide detectors) you must replace the unit to pass the inspection. If you have a combination smoke and carbon monoxide detector, it cannot be more than 10 years old.
4. If you need to replace a hard-wired smoke detector, it must be replaced with a hard-wired smoke detector. You cannot install a battery-powered smoke detector in place of a hard-wired smoke detector. You can upgrade a battery-powered smoke detector to a hard-wired electric smoke detector.
5. When replacing any battery-powered smoke detector, the replacement battery-powered smoke detector must have a factory installed, sealed, and maintenance free Lithium 10-year battery.
6. Fire extinguishers must have a rating of 2-A:10-B:C. Look for a label on the outside of the box stating 2-A:10-B:C. These extinguishers should be red or white in color and weigh approx. five (5) pounds. Fire extinguishers must be mounted on a wall on the way out of the kitchen utilizing the bracket supplied with the extinguisher. The extinguisher should be mounted at waist level, but no higher than 5 feet from the floor and visible (not in a closet or cabinet).
7. A receipt must be left with the extinguisher showing that the extinguisher was purchased less than one year ago. If the receipt is older than one year, the extinguisher must be replaced with a new unit. A NJ State licensed contractor inspection tag can also be substituted for the receipt as long as it has been issued within the past 12 months.

ONE- & TWO-FAMILY HOMES CERTIFICATION CRITERIA FOR SMOKE DETECTORS AND CO DETECTORS

BUILT BEFORE 1977:

- ❖ Battery Detectors
- ❖ One on each level
- ❖ Within 10 feet of each bedroom

- ❖ CO Detector within 10 feet of each sleeping area

BUILT 1977 OR AFTER, BUT BEFORE 1984:

- ❖ Electric Detectors not interconnected
- ❖ One on each level
- ❖ Within 10 feet of each bedroom

- ❖ CO Detector within 10 feet of each sleeping area

BUILT 1984 OR AFTER, BUT BEFORE 1990:

- ❖ Electric Detectors - INTERCONNECTED
- ❖ One on each level
- ❖ Within 10 feet of each bedroom

- ❖ CO Detector within 10 feet of each sleeping area

BUILT 1990 TO PRESENT:

- ❖ Electric Detectors with battery back-up - ALL INTERCONNECTED
- ❖ One on each level
- ❖ Within 10 feet of each bedroom
- ❖ In each bedroom

- ❖ CO Detector within 10 feet of each sleeping area

Note: Only homes built before 1977 need to have the smoke detector at the bottom of the stairwell in basement.

WHERE TO LOCATE DETECTORS:

Detectors are to be located on every level of a residence, (basement, first floor, second floor) excluding crawl spaces and unfinished attics, and in every separate sleeping area, between sleeping areas and living areas such as the kitchen, garage, basement or utility room. In homes with only one sleeping area on one floor, a detector is to be placed in the hallway outside each sleeping areas as shown in Figure 1. In single floor homes with two separate sleeping areas, two detectors are required, outside each sleeping areas as shown in Figure 2. In multi-level homes, detectors are to be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level detectors are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

WHERE NOT TO LOCATE DETECTORS:

To avoid false alarms and/or improper operation, avoid installation of smoke detectors in the following areas:
 Kitchens-smoke from cooking may cause nuisance alarm.
 Bathrooms-excessive steam from a shower may cause a nuisance alarm.

Near forced air ducts-used for heating or air conditioning-air movement may prevent smoke from reaching detector.
 Near furnaces of any type-air and dust movement and normal combustion products may cause a nuisance alarm.

The 4 inch "Dead Air" space where the ceiling meets the wall, as shown in Figure 5.
 The peak of an "A" frame type of ceiling-"Dead Air" at the top may prevent smoke from reaching detector.

FURTHER INFORMATION ON DETECTOR PLACEMENT:

For further information about detector placement consult the National Protection Association's Standard No. 74-1984, titled "Household Fire Warning Equipment." This publication may be obtained by writing to the Publication Sales Department, National Fire Protection Association, Batterymarch Park, Quincy, MA. 02269. CARBON MONOXIDE ALARMS are to be located in every separate sleeping area per NFPA 720 and manufacturer's recommendations.

WHERE TO LOCATE FIRE EXTINGUISHER:

Within 10 feet of the kitchen and located in the exit or travel path; and is visible and in a readily accessible location. The top of the fire extinguisher is not more than 5 feet above the floor and is mounted using manufactures hanger or brackets. Minimum size of 2A:10B:C and weigh no more than 10 pounds, is accompanied with the owners manual or with the proper written instructions. The extinguisher is listed, labeled, charged and operable. The extinguisher must have been serviced and tagged by a contractor certified by the New Jersey Division of Fire Safety within the past 12 months or seller must provide a recent proof of purchasing receipt.

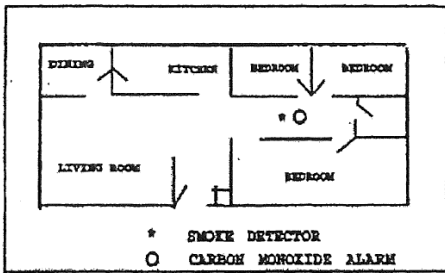


Figure 1

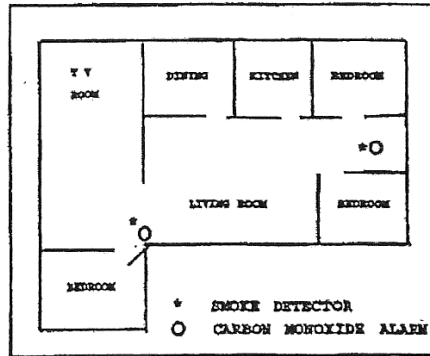


Figure 2

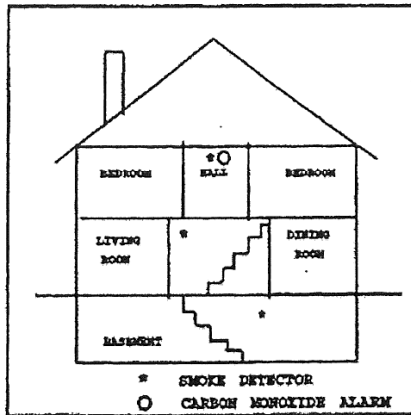


Figure 3

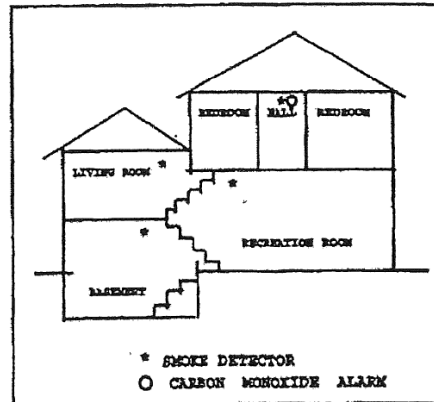


Figure 4

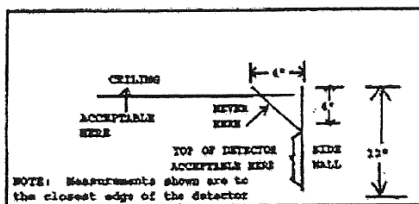


Figure 5



MIDDLESEX POLICE DEPARTMENT

1101 Mountain Avenue • Middlesex, NJ 08846 • (732) 355-1900

Matthew P. Geist
Chief of Police

Resident Registration Form

Dwelling Type: House Apartment

Primary Registrant

Name (Print): _____ *D.O.B.: _____

Address: _____ Apt. No. _____

Telephone Number(s): _____
Please Indicate Home (H), Work (W) or Mobile (M)

Additional Occupants

Name (Print): _____ *D.O.B.: _____

Name (Print): _____ *D.O.B.: _____

Name (Print): _____ *D.O.B.: _____

Name (Print): _____ *D.O.B.: _____

Name (Print): _____ *D.O.B.: _____

Use additional page if needed.

* Optional

Special Needs Section

So that we can provide you the best and most efficient emergency services, we ask that you inform us of anyone in the residence that may have a special need and that you provide us with information and instructions that will help us in the event of an emergency.

What is the registrant's special need? (You may select more than one)

- | | |
|---|--|
| <input type="checkbox"/> Alzheimers / Dementia | <input type="checkbox"/> Mobility Impairment: Crutches |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mobility Impairment: Wheelchair |
| <input type="checkbox"/> Diabetes / Hyperglycemic (Type _____) | <input type="checkbox"/> Mobility Impairment: Other _____ |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Obese |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Oxygen Dependent |
| <input type="checkbox"/> Electricity Dependent (Project Life-Saver) | <input type="checkbox"/> Hard of Hearing / Deaf, or other Hearing Impairment |
| <input type="checkbox"/> PTSD (Post-Traumatic Stress Disorder) | <input type="checkbox"/> IDD - Intellectual / Developmental Disability |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Life Alert |
| <input type="checkbox"/> Sight Impairment / Blind | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Speech Impairment | |
| <input type="checkbox"/> Other _____ | |

Important instructions/information:

Instructions for Resale/ Re-Rent Paperwork

Return pages 1 and 2(top of page- number of bedrooms and bathrooms)

And return the last page (Middlesex Borough Police Dept form- with new buyer's information)

Include a check payable to Middlesex Borough for \$125

and

You will also need to obtain an inspection from the Fire Marshal the form is included in the packet. We don't accept the form or payment for this.

you can email directly to:

firemarshal@co.middlesex.nj.us