#### 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

#### **SUBMIT TO CONSTRUCTION OFFICE WITH ALL FORMS:**

\$100 fee for Application for Resale Cert/leased Cert. & \$50.00 fee for Self-Inspection Affidavit

(one check is acceptable)

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

\*\*\*\*\*

Inspections are done Tuesday and Thursday

Borough Inspection hours are 12:00 to 2:00 pm

All Paperwork along with the fee get returned to the Construction Department.

We will forward the Police and Zoning Department FORMS to the appropriate offices.

\*\*MUST HAVE TIME TO SEARCH FOR ANY OPEN PERMITS\*\*

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

Payment Check No Cash By: Office	DROUGH OF MIDDLESEX  1200 Mountain Ave Middlesex, NJ 08846 of the Construction Official 7400 ext 247 FAX 732-356-308	TOTAL: \$150.00  FEE PER DWELLING UNIT \$100.00  AFFIDAVIT PER DWELLING \$50.00  REINSPECTION FEE \$50.00
APPLICATION FOR RESA	ALE CERTIFICATE/RESALE L' (RESIDENTIAL)	EASED CERTIFICATE
Date	Date of Closing	
Property Address	Preser	nt Owner's Name(s) & Address
New Owner/Tenant:(First & Last Names	Required)	
Unit#BlockLot(s)Zone  Type of Structure: □ Single Family □ Multi Fai #of units		No. Bedrooms per unit
I hereby request you to make an inspection for a property.	a Resale Certificate/Resale Lea	sed Certificate for the above mentioned
Person to contact concerning inspection:		
Phone No (between 9:00 AM & 2:00 PM)		
	Home:	
	Business:	
	Signature of Applic	cant

Approved as\_\_\_\_\_\_ BY:\_\_\_\_\_

Inspection Day\_\_\_\_\_ Date:\_\_\_\_ Time:\_\_\_\_

For Office Use Only:

Use Group\_\_\_\_\_

## 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 2½ 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...

#### Borough Of Middlesex Construction Department 1200 Mountain Ave, Middlesex, NJ 08846 732-356-7400 xt. 247

- Complete the form and have notarized to acknowledge full compliance of information provided on this page
- Submit along with \$50 fee along and the additional Borough Resale or Leased Certificate documents

## 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.

#### **SELF-INSPECTION AFFIDAVIT**

## Application For Residential Certification of Smoke Detector and Carbon Monoxide Detector Compliance In accordance with N.J.A.C. 5:70-2.3

Submit with Borough Resale Or Leased Certificate documents:

Dwelling Location : Block No	o Lot No	
Address:		
Owner:		
Agent Name:		
Phone:	Email:	
or Business Name:		
Address:		
		Zip Code:
Code.  ☐ All smoke alarms and car ☐ All smoke and carbon mo ☐ 2A:10B:C-type fire exting hanger or brackets, is easily store receipt showing purch	rbon monoxide alarms are onoxide alarms were teste uisher not more than 10 p or accessible within 10 ft. or ase within the last 12 mor	nstalled in accordance with the Uniform Fire re in working order and are less than 10 years old red and are in working order. pounds, is visibly mounted using manufacturer of the kitchen and has a current inspection tag or onths.
required smoke alarm in accordance with A UL-2034 and NFPA 7 I do hereby certify the understand the conte Compliance Guidelin	ns are located in accordar NSI/UL-217, Carbon Mon 720. at the foregoing statement ents the "Residential Smokes" outlined above.	as conducted this inspection and attests that the ance with NFPA -72. All smoke alarms are listed noxide alarms are installed in accordance with ants made by me are true. I have read and fully oke Detector, CO Detector, & Fire Extinguisher tents made by me are willfully false, I will be
Sworn and subscribed to be	fore me on this da	ay of , 2020
Applicant Signature:		NOTARY STAMP
Printed Name:		
Notary Signature:		

# 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 crewl spaces and unfinished attics, and in every separate sleeping area. Seeping area 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 form cooking may cause nulsance alarm.

Bathrooms -excessive steam forma 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.

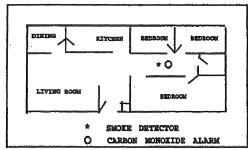
The peak of an "A" frame type of ceiling-"Dead Air" at the top may prevent smoke form reaching detector.

#### 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.



Pigure 1

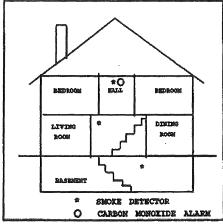
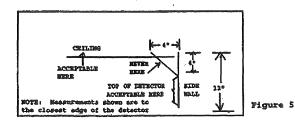


Figure 3



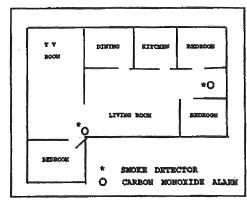


Figure 2

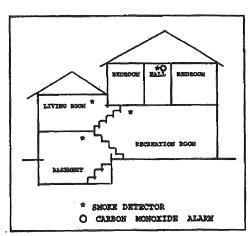


Figure 4

#### **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/TENANT INFORMATION\*

## RESIDENCE FILE (please print clearly)

Property address:
New Buyer/Tenant's name(s):
New Buyer/Tenant's Mailing Address:
New Dry and Tan and a Dhana.
New Buyer/Tenant's Phone:
New Buyer/Tenant'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 Rental Unit Demo



#### MIDDLESEX POLICE DEPARTMENT

1101 Mountain Avenue • Middlesex, NJ 08846 • (732) 356-1900

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 (M) or Mobile	:			
Please Indicate Home (H), Work (M) or Mobile Additional Occupants	(M) Piease indicale Home (H), Work (W) or Mobile (M)			
Name (Print):	*D.O.B.:			
Name (Print):	•			
Name (Print):				
Name (Print):				
Name (Print):				
Use additional page if needed.	* Optional			
So that we can provide you the best and most efficient emergresidence that may have a special need and that you provide event of an emergency.  What is the registrant's special need? (You may select more  Alzheimers / Dementia  Autism  Diabetes / Hyperglycemic (Type  Dialysis  Epilepsy  Electricity Dependent Project Life Saver  PTSD (Post-Traumatic Stress Disorder)  Service Animal  Sight Impairment / Blind	us with information and instructions that will help us in the			
□ Other				
Important instructions/information:				
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	•			