

**MIDDLESEX BOROUGH
1200 MOUNTAIN AVE
MIDDLESEX, NJ 08846
732-356-7400**

Resale Leased Certificate (RLC)

This application is for a change in business or tenancy of a property located in Middlesex as per section 158-6

Fee: \$250.00
Amount Paid _____
Check # _____
Date Paid _____

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME(S): _____

BLOCK: _____ LOT: _____ ZONE: _____

NEW BUSINESS NAME: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE (day): _____ (evening): _____

CONTACT NAME & PHONE NUMBER: _____

SQUARE FOOTAGE OF TENANT SPACE: _____

A FLOOR PLAN IS REQUIRED WITH THIS APPLICATION SHOWING THE LOCATIONS OF THE EXITS, ROOMS, DETECTORS, SEATING, AISLES, ETC.

A ZONING USE PERMIT IS REQUIRED WITH THIS APPLICATION

date

signature of applicant

FOR OFFICE USE ONLY

Date of Inspection: _____

approved: yes / no (circle one)

reason for denial: _____

MIDDLESEX BOROUGH
ZONING PERMIT - USE
Fee: \$50.00

Check No. _____ Cash _____ Date _____ Application# _____

APPLICANT'S NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE (day): _____ (evening): _____

BLOCK: _____ LOT: _____ ZONE: _____

1. Describe the previous use of the property:

2. Describe the applicant's proposed use:

3. Has the property ever been subject to any Planning Board or Zoning Board of Adjustment approvals? yes \ no \ unknown (circle one)

4. Are any licenses required to conduct this business? If so, state who issues license and expiration date: _____

5. Number of Employees: _____ full-time _____ part-time

6. Hours of Operation/Days per week: _____

7. Parking: # of spaces provided on site: _____
of spaces provided for applicant's use: _____
of commercial vehicles parked on site: _____

8. Signs: total # of signs existing: _____ total # of signs proposed: _____
illuminated? yes \ no (circle one)
Location: _____

9. Exterior Lighting: present #: _____ proposed #: _____
Hours of operation/Days of week: _____

10. Are any hazardous materials proposed to be used? If so, state what type; how disposal is handled; and do any County, State or Federal Authorities regulate such materials?

11. Will any odors be released for applicant's activities: If so, how does the applicant propose to control the release of odors?

12. State name, address, phone of garbage hauler: _____

13. State name, address, phone of recycling hauler: _____

A plot plan or survey map of the property showing the dimensions of the property, number and location of structures, lighting, parking, etc. must be submitted.

NOTICE TO ALL APPLICANTS AND OWNERS:

The applicant and/or owner certify that the following information contained in this application is true and accurate. The applicant understands that the Zoning Officer of the Borough of Middlesex will rely on the information submitted in determining whether to approve this continued occupancy. If a permit is issued and the Zoning Officer determines that any of the information supplied in this application is untrue in any respect, the permit may be revoked and/or such other action taken. If the permit is revoked, the applicant and owner may be required to cease the occupancy of the building for such use until such time as the applicant and owner shall conform to the then applicable ordinances of the Borough of Middlesex. The issuance of any permit shall not relieve the applicant and owner from complying with any other applicable law, rule or regulation duly enacted by the Borough of Middlesex.

date

signature of applicant

date

signature of property owner

FOR OFFICE USE ONLY

approved: yes \ no

reason for denial/comments:

date

Zoning Officer

RESUBMITTED:

Date: _____

Board approval: yes \ no

Conditions/Comments: _____



MIDDLESEX BOROUGH POLICE DEPARTMENT

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

Matthew P. Geist
Chief of Police

Dear Business Owner:

The Police Department currently maintains an Emergency Business/Alarm File. It has come to our attention that your business has recently moved into Middlesex and we have received either partial or no information on who to contact if there is a problem at your business. Attached you will find a Business Emergency Notification Form. Please complete this form and return it to the Police Department as soon as possible. The information you provide will enable us to better serve you in the event of alarm activation or other emergency.

Please keep a copy of this form so that if there are any changes, you can forward them to us right away.

If you have any questions regarding the completion of this form, please contact the Records Department.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Geist", with a long horizontal stroke extending to the right.

Matthew P. Geist
Chief of Police



MIDDLESEX BOROUGH POLICE DEPARTMENT

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

Matthew P. Geist
Chief of Police

BUSINESS 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: _____

MIDDLESEX BOROUGH POLICE DEPARTMENT

BUSINESS EMERGENCY NOTIFICATION FORM

Date: _____

Business Name: _____

Street Address: _____

City: Middlesex State: NJ Zip: 08846

Telephone Number: () _____ FAX Number: () _____

Name of prior occupant if known: _____

Hazardous Materials on Location: Yes No

Business Owner Information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Emergency Contact Information:

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Does the business have an alarm? _____

Alarm Information:

Alarm Company Name: _____

Tel. Number: () _____

COMPLETED FORM SHOULD BE MAILED OR FAXED TO:

Middlesex Police Department
1101 Mountain Avenue
Middlesex, NJ 08846
FAX Number (732) 356-7218

PLEASE NOTIFY THE POLICE DEPARTMENT IF ANY OF THE ABOVE INFORMATION CHANGES.

DEPARTMENT USE ONLY

Alarm Number: _____ Date Entered: _____ Pin: _____