

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

(Change of Title)
(Instructions)

**ALL PAPERWORK AND REQUIRED FEES GET RETURNED TO THE
CONSTRUCTION DEPARTMENT.**

Complete the attached forms:

- Application for Change of Title with \$100.00 fee. Check made payable to: Middlesex Borough (Check or cash accepted) (page 2)
- Hold Harmless and Indemnify Agreement for Middlesex Borough (page 3)
- Zoning Residence File (page 4)
- Middlesex Police Residence File (page 5)
- Application for Resale Certificate with \$100.00 fee. Check made payable to: Middlesex Borough (Check or cash accepted) (page 6)
- Self-inspection Affidavit for Smoke/carbon and fire extinguisher *must be notarized* along with \$50.00 fee. Check made payable to: Middlesex Borough (Check or Cash accepted) (page 7)
- Drawing of 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...(May be hand drawn)

***Note: Certificates require a visual inspection of the dwelling.
Inspections are done Tuesday and Thursday 12-2 p.m.***

BOROUGH OF MIDDLESEX FEE PER DWELLING UNIT \$100.00
1200 Mountain Avenue
Middlesex, NJ 08846
Office of the Construction Official
732-356-7400 ext-247 Fax 732-356-3050

APPLICATION FOR CHANGE OF TITLE

***Note: Visual inspection of the dwelling is required please file application accordingly.**
Inspections are done Tuesday and Thursday 12-2 p.m.

Date of application: _____ Block: _____ Lot: _____

Address of Property: _____

Present Owner's Name(s) & address: _____
(First & Last names required)

New Owner's Name: _____
(First & Last names required)

Type of Structure: Single Family Multi Family No. Bedrooms per unit: _____
of Units _____

I hereby request a Change of Title Certificate for the above mentioned property.

Signature of Applicant

Person to call when certificate is ready: _____
Full Name

Phone No. _____ Fax No. _____

Or
Email: _____

For Office Use Only:

Date _____ Payment: \$ _____ Received by: _____

Check No. _____ Cash _____ Certificate No. _____

(First and Last names/organization/agency)

(Applicants present address)

(Address cont.)

(Phone No.)

(Email address)

Hold Harmless and Indemnify Agreement

Date: _____

Borough of Middlesex
Construction Department
1200 Mountain Avenue
Middlesex, NJ 08846

RE: Change of title request for _____ Block _____ Lot _____
(Address of requested property)

The undersigned party is hereby requesting a Change of Title Certificate for the purposes of closing on the above mentioned property in the Borough of Middlesex. The above property is not in habitable condition and will not be occupied. I/We hereby agree to defend, hold harmless and indemnify the Borough of Middlesex from and against any and all liability resulting from the issuance of a Change of Title.

Furthermore, I/We shall promptly apply for all applicable permits within **20** (twenty) days of our closing and further agree **not** to occupy until all permits have been closed out by all applicable Borough officials, and the Residential Resale inspection has been made and the Certificate issued.

Sworn and subscribed me

This _____ day of _____

_____ (date)

NOTARY PUBLIC OF NEW JERSEY

APPLICANT(S) SIGNATURE

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 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 Residence 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 (W) or Mobile (M)

Additional Occupants

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 <input type="checkbox"/> 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"/> I/DD - 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:

(office only)

Payment _____
Check No. _____
Cash _____
By: _____
Date _____

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

TOTAL: \$150.00
FEE PER DWELLING UNIT \$100.00
AFFIDAVIT PER DWELLING \$50.00
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: _____

**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. _____ Lot No. _____

Address: _____

Owner: _____

Phone: _____ Email: _____

Agent Name: _____

Phone: _____ Email: _____

or Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Self-Inspection Affidavit

- Smoke and carbon monoxide alarms have been installed in accordance with the Uniform Fire Code.
- All smoke alarms and carbon monoxide alarms are in working order and are less than 10 years old.
- All smoke and carbon monoxide alarms were tested and are in working order.
- 2A:10B:C-type fire extinguisher not more than 10 pounds, is visibly mounted using manufacturer hanger or brackets, is easily accessible within 10 ft. of the kitchen and has a current inspection tag or store receipt showing purchase within the last 12 months.

-
- The property owner or their representative has conducted this inspection and attests that the required smoke alarms are located in accordance with NFPA -72. All smoke alarms are listed in accordance with ANSI/UL-217, Carbon Monoxide alarms are installed in accordance with UL-2034 and NFPA 720.
 - I do hereby certify that the foregoing statements made by me are true. I have read and fully understand the contents the "Residential Smoke Detector, CO Detector, & Fire Extinguisher Compliance Guidelines" outlined above.
 - I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me on this _____ day 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 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.

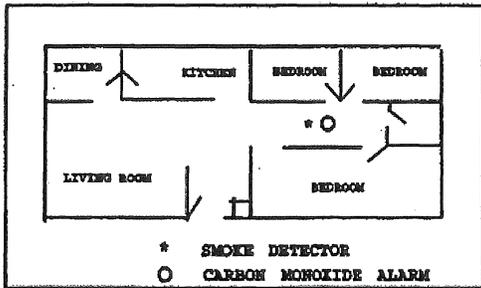


Figure 1

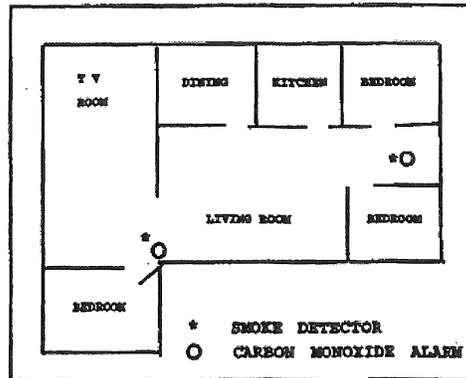


Figure 2

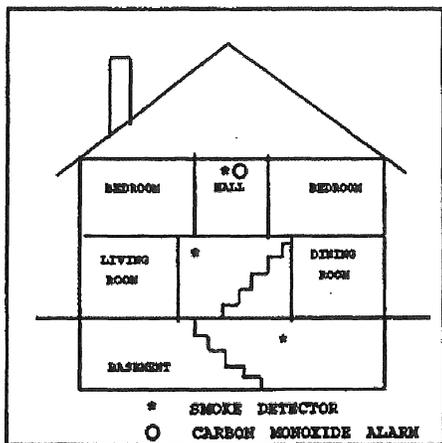


Figure 3

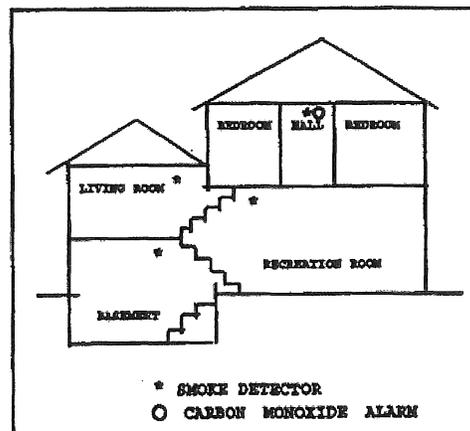


Figure 4

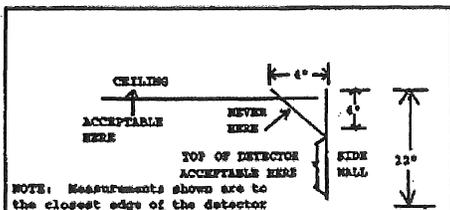


Figure 5

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 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 Residence 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 (W) or Mobile (M)

Additional Occupants

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 <input type="checkbox"/> 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"/> I/DD - 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:

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...**