

TOWNSHIP OF  
**MIDDLETOWN**  
BUCKS COUNTY

PHONE #215-750-3800 x1112

RI# \_\_\_\_\_

**INSPECTION APPLICATION FOR RENTAL UNIT**

**PAYMENT & INSPECTION IS REQUIRED EVERY TWO YEARS OR EACH TIME THERE IS A  
TENANT CHANGE**

**TENANT NAME:** \_\_\_\_\_

**TENANT EMAIL:** \_\_\_\_\_

**OWNER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**MANAGER:**

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**LOCATION OF RENTAL UNIT:**

\_\_\_\_\_

**APARTMENT NAME & RENTAL #**

\_\_\_\_\_

**HOME RENTAL ADDRESS**

**INTENDED DATE OF NEW TENANT OCCUPANCY:** \_\_\_\_\_

**PLEASE CHOOSE INSPECTION DATE:** \_\_\_\_\_

**(48 HOURS NOTICE IS REQUIRED)**

*The undersigned hereby makes application of Certificate of Approval for the above described rental unit  
and declares that the information stated herein is correct to the best of his/her knowledge.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**\$75.00 NON-REFUNDABLE FEE REQUIRED PER TENANT (APARTMENT COMPLEXES)**

**\$125.00 NON-REFUNDABLE FEE REQUIRED FOR SINGLE FAMILY HOME,  
TOWNHOUSE, TWIN HOME, DUPLEX HOME, OR CONDOMINIUM RENTALS**