

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

\$85.00 NON-REFUNDABLE FEE REQUIRED PER TENANT (APARTMENT COMPLEXES)

**\$135.00 NON-REFUNDABLE FEE REQUIRED FOR SINGLE FAMILY HOME,
TOWNHOUSE, TWIN HOME, DUPLEX HOME, OR CONDOMINIUM RENTALS**