



CITY OF EGG HARBOR
Code Enforcement
500 London Avenue
Egg Harbor City, NJ 08215
609-965-1616

For Official Use Only:

Date Approved: _____

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☐ Cash ☐ Check # _____

Received By: _____

APPLICATION FOR A RESIDENTIAL RENTAL UNIT LICENSE & LANDLORD REGISTRATION STATEMENT

N.J.S.A. 46:8-27 et seq (1974)

PLEASE COMPLETE THIS APPLICATION AND RETURN PROMPTLY WITH YOUR PAYMENT.

Application is hereby made to the City of Egg Harbor to operate a Residential Rental Unit Business in Egg Harbor City.

The following statements are made in order that the said License may be granted.

DATE: _____

SECTION 1 – RENTAL PROPERTY INFORMATION

Rental Property Address: _____ **Apt. #:** _____

Block: _____ **Lot:** _____ **Qual:** _____ **Total # of Residential Rental Units in the building (including one listed above):** _____

Does Property Owner reside in one of the units? ☐ Yes ☐ No

SECTION 2 – PROPERTY OWNER INFORMATION

Check: ☐ Individual ☐ Partnership* ☐ Corporation **If a Partnership, provide information for ALL partners (use additional sheets if necessary)*

Record Owner of Premises: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Email: _____

Record Co-Owner of Premises: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Email: _____

If Owner is a Corporation, please provide:

Contact Person: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Email: _____

Registered Agent: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Email: _____

Mail Rental Correspondence to:

Has the Property Owner previously held a Residential Rental Unit License in Egg Harbor City?

If Yes, has that licenses ever been revoked or suspended?

☐ Owner ☐ Agent

☐ Yes ☐ No

☐ Yes ☐ No

SECTION 3 – PROPERTY MANAGER OR LOCAL AGENT (if applicable per Ordinance)

Company Name: _____

Contact Person: _____

Manager/Agent Address: _____

City/State/Zip: _____

Business Phone: _____

Fax number: _____

Home/Cell Phone: _____

Email: _____

SECTION 4 – RENTAL PROPERTY SPECIFICATIONS

Year of Construction: _____ # of Stories: _____ What floor is this unit on? _____
Total sq. footage of rental property: _____ sq. ft. - As specified in NJAC 5:10-22.3(a)
Total # of Sleeping Rooms: _____

Sq. Ft.	# of Sleeping Accommodations	Sq. Ft.	# of Sleeping Accommodations
Sleeping Room 1: _____	_____	Sleeping Room 4: _____	_____
Sleeping Room 2: _____	_____	Sleeping Room 5: _____	_____
Sleeping Room 3: _____	_____	Sleeping Room 6: _____	_____

*"Sleeping Accommodations"=# of people each room may accommodate for sleeping, as specified in NJAC 5:10-22.3(d)

Floor plan of rental property (to scale) attached?

☐ Yes ☐ No

(A copy of the Residential Rental Unit floor plan (to scale) must be attached; each area must be labeled for its intended use and contain the total square footage of all spaces contained in the rental unit. All common areas must be identified as such.)

1. Does property Owner furnish heat in this rental property?

☐ Yes ☐ No

1a. If you answered "Yes" to Question #1, what type of fuel is used for heat? _____

2. What type of fuel is used for appliances? _____

3. What type of fuel is used for heat? _____

If you answered "Fuel Oil" to any of the questions above, please provide:

Fuel Oil Provider Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____ Grade of Fuel Oil used: _____

SECTION 5 – TENANT (LESSEE) INFORMATION

of Lessees: _____ (A "Lessee" is a person or persons whose signature appears on the Rental Property lease)

Tenant/Lessee: _____

Co-Tenant/Lessee: _____

Co-Tenant/Lessee: _____

SECTION 6 – ADDITIONAL TENANT (NON-LESSEE) INFORMATION

Please list all additional Tenants residing at this rental property AGE 18 AND OVER:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Please indicate # of children residing at this rental property AGE 17 AND UNDER:

of Children: _____

SECTION 7 - CERTIFICATION

By signing below, I certify that to the best of my knowledge and belief that the statements contained in this application are true and correct; and I further certify that to the best of my knowledge and belief that the unit for which the Residential Rental Unit License being applied for, is in compliance with Municipal Land Use and Development Chapter 203, the Housing Code and/or the UCC Code, the Uniform Fire Code of the State of New Jersey and/or the International Property Maintenance Code.

Signature of Owner/Agent: _____

Date: _____

Signature of Co-Owner/Agent: _____

Date: _____

Signature of Fire Prevention Official: _____

Date: _____