

Mullica Township PO BOX 317, Elwood, NJ 08217 609-561-7070 ext: 117

NERWIN@MULLICATOWNSHIP.ORG

RENTAL APPLICATION FOR EXISITING STRUCTURE CERTIFICATE OF OCCUPANCY

| YEAR BUILT: | | REGISTRATION # | | | |
|--|------------------------|-------------------|-----------|---------|--|
| DATE: | | LOCK BOX # | | | |
| INSPECTION ADDRESS: | | BLOCK | (: LO | Т: | |
| OWNER NAME: | Т | ENANT NAME: | | | |
| ADDRESS: | | _ADDRESS: | | | |
| CITY: | | CITY: | | | |
| STATE/ZIP: | | STATE/ZIP: | | | |
| PHONE: | | PHONE: | | | |
| EMAIL: | | _EMAIL: | | | |
| HEATING: | O GAS O ELECTRIC O OIL | OPROPANE | | | |
| CONSTRUCTION: | OWOOD FRAME O MASONAF | RY OSTEEL FRAME (| OBASEMENT | OGARAGE | |
| | O POOLSHEDS | BEDROOM(S) | BATHS(S) | | |
| THE FOLLOWING INFORMATION WILL BE NEEDED IN ORDER TO PROCESS YOUR CERTIFICATE OF OCCUPANCY: 1. COPY OF LEASE 2. COPY OF APPROVED WATER TEST | | | | | |
| | FEE: | \$75.00 | | | |
| FOR TOWNSHIP OFFICIAL: DO NOT WRITE BELOW | | | | | |
| PAYMENT: CASH | H CHECK # | AMOUNT: | | | |
| RECEIVED BY: | | | | | |
| SCHEDULED INSPECTION: | | O PASSED | O FAILED | | |

LANDLORD IDENTITY REGISTRATION STATEMENT ONE AND TWO-UNIT DWELLING REGISTRATION FORM

The form of the certificate of Registration to be filed with the municipal clerk and distributed to tenants by owners or non-owner occupied one and two unit dwellings shall be substantially as follows:

| follows: (1) Property Address: |
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| (2) The names and addresses of all record owners of the building or the rental business (including all general partners in the case of a partnership) are as follows: |
| (3) If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows: |
| Record owner is not a corporation. (4) If the address of any record owner is not located in the county in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from tenant, to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s) is as follows: |
| The addresses of all record owners in the county in which the dwelling is located: |
| (5) The name and address of the managing agent is as follows: |
| There is no managing agent. (6) The name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service is as follows: |
| There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service. |

| (7) The name, address and telephone number of an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures, is as follows: |
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| (8) The names and addresses of all holders of recorded mortgages on the property are as follows: |
| |
| There is no recorded mortgage on the property. |
| (9) If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows: |
| The building is not heated by fuel oil |
| The building is heated by fuel oil, but the landlord does not furnish heat. |
| Date Landlord or Authorized Representative |
| SEND COMPLETED FORMS TO TENANTS AND TOWNSHIP OFFICIAL |