

GLOUCESTER CITY BUILDING & HOUSING DEPT.
700 SOMERSET STREET, GLOUCESTER CITY, NJ 08030
PHONE: 856-456-7689 FAX: 856-456-0289
***PLEASE NOTE - A SEPARATE FORM IS REQUIRED FOR EACH UNIT.**
CITY OF GLOUCESTER CITY
RENTAL FACILITY REGISTRATION AND LICENSE APPLICATION
Pursuant to Ordinance 55-14

 No.# _____ For Office Use Only
 Date Rec'd: ____/____/____

****ALL QUESTIONS MUST BE FULLY ANSWERED AND FEES PAID. FAILURE TO COMPLY WILL RENDER THIS APPLICATION INCOMPLETE AND NOT IN COMPLIANCE WITH ORDINANCE 55-14.**

A FLOOR PLAN MUST BE ATTACHED TO THIS REGISTRATION FORM. PLAN NEED NOT BE TO SCALE; BUT SIZE OF ROOMS MUST BE PROVIDED.

1. Rental Property Location:

Address (No P.O. Box) _____ Unit No. _____
 City, State, Zip _____ Phone # _____
 Block _____ Lot _____ Account # _____

2. Name and address of record owner(s) of unit. In the case of a partnership list the names, addresses, and phone numbers of all general partners. If record owner is a corporation, complete this section with the required information for registered agent and corporate officers.

NAME	ADDRESS (No P.O.Box) /STREET/STATE/ZIP/PHONE	TITLE
Registered Agent		
NAME	ADDRESS (No P.O.Box)/STREET/STATE/ZIP/PHONE	

Record owner is a corporation _____ Record owner is a partnership _____

3. If the owner is not a resident of Camden County, please provide the name of a person who resides in Camden County and who is authorized to accept notices from a tenant, to issue receipts therefor, and to accept service of process on behalf of the record owner.

Name _____
 Address(No P.O. Box) _____
 City, State, Zip _____
 Phone # (No pagers accepted as phone number) _____

Record owner is a resident of Camden County _____

4. Name and address of agent of the unit, if any

Name _____
 Address (No P.O. Box) _____
 City, State, Zip _____
 Phone # (No pagers accepted as phone number) _____

There is not an agent for this unit _____

5. Name and address, including dwelling unit number of the tenant, superintendent, janitor, custodian, or other individual employed by the owner or agent to provide regular maintenance service, if any.

Name _____

Address (No P.O. Box) _____

City, State, Zip _____

Phone # (Day) _____

Phone # (Evening) _____

There is no superintendent etc. for this unit _____

6. Representative of the owner or agent to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

Name _____

Address (No P.O. Box) _____

City, State, Zip _____

Phone (Day) _____

Phone (Evening) _____

7: Please list all holders of recorded mortgages on this property.

Name _____

Name _____

Address (No P.O. Box) _____

Address (No P.O. Box) _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

Phone # _____

There is no recorded mortgage on this unit _____

8. Identify the fuel oil dealer if fuel oil is used to heat this unit and the landlord furnishes the heat in this unit.

Name _____

_____ This unit is not heated by fuel oil

Address (No P.O. Box) _____

_____ This unit is heated by fuel but the landlord is not responsible for the supply of heat.

_____ Grade of Oil

9. Number of sleeping rooms in this unit _____

10. List the full names and date of birth (Company name and contact person) of all current occupants of this unit.

11. Enclosed is the required \$175.00 registration fee for this unit _____

I am exempt from the registration fee _____ (This pertains to owner occupied units only.)

12. THIS UNIT IS NOT A RENTAL UNIT _____

I hereby certify that the above information is true to the best of my knowledge, information, and belief. I am aware that if the foregoing information supplied is willfully false, I am subject to penalties and criminal prosecution.

Date _____

Owner _____

**Every person required to file a registration form pursuant to this registration shall file an amended registration form within 20 days after any change in the information required to be included thereon. No fee shall be required for the filing of an amendment except when the ownership of the unit is changed.

_____ \$175.00 Registration Fee
_____ \$60.00 Late Fee Surcharge
_____ First Reinspection-No Fee
_____ \$30.00 2nd Reinspection Fee
_____ Fee Exempt

For Office Use Only
_____ Taxes, Utility Fees, Assessments Satisfied
_____ Date of Inspection
_____ Inspector
_____ Floor Plan