

Borough of Elmer

HOUSING, ZONING, & PROPERTY MAINTENANCE OFFICE

120 S. Main Street, PO Box 882, Elmer, NJ 08318

(856) 358-4010 Ext. 114 (856) 358-4870 fax zoninghousing@elmerboroughnj.com www.elmerboroughnj.com

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

Pursuant to N.J.S.A. 46:8-27 et seq and Chapter 11-5 of the Elmer Borough Code;

PLEASE NOTE: A **SEPARATE FORM IS REQUIRED FOR EACH UNIT**;
A **FLOOR PLAN** MUST BE ATTACHED WITH THE SIZE OF ROOMS; PLAN NEED NOT BE TO SCALE

1. Rental Property Location: _____
Address (no PO Box) _____ Unit # _____ of _____
City _____ State _____ Zip _____ Phone # _____
Block: _____ Lot: _____ Phone # for unit: _____

Residence is NOT a rental unit (please sign & date below & return form to be removed from list)

2. List the names, addresses, and phone numbers of record owner(s) of the 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. (including all general partners in the case of a partnership):

OWNER(S) NAME & TITLE:	ADDRESS (No PO Box – Street/City/State/Zip):	PHONE #:
REGISTERED AGENT NAME:	ADDRESS (No PO Box – Street/City/State/Zip):	PHONE #:

Record owner is a Partnership Record owner is a Corporation

3. If the owner is not a resident of Salem County, please provide the name, address, and phone number of a person who resides in Salem County who is authorized to accept notices from a tenant, to issue receipts for these notices, and to accept service of process on behalf of the out-of-county record owner:

NAME:	ADDRESS (No PO Box – Street/City/State/Zip):	PHONE #:

Record owner is located in Salem County

4. List the name, address, and phone number of the managing agent, if any:

MANAGING AGENT NAME:	ADDRESS (No PO Box – Street/City/State/Zip):	PHONE #:

There is no managing agent for the property

5. List the name and address, including dwelling unit number of the tenant, superintendent, janitor, custodian, or other person employed to provide regular maintenance service, if any:

MAINTENANCE CONTACT NAME:	ADDRESS (No PO Box – Street/City/State/Zip):
PHONE # (Day):	PHONE # (Evening):

There is no superintendent for the property

6. The name, address, phone 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:

EMERGENCY CONTACT NAME:	ADDRESS (No PO Box – Street/City/State/Zip):
PHONE # (Day):	PHONE # (Evening):

7. List the names and addresses of all holders of recorded mortgages on the property:

MORTGAGE HOLDER NAME(S):	ADDRESS (No PO Box – Street/City/State/Zip):

There is no recorded mortgage on the property

8. If fuel oil is used to heat the building and the landlord furnishes the heat, list the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used:

FUEL OIL DEALER NAME:	ADDRESS (No PO Box – Street/City/State/Zip):	GRADE OF OIL:

The building is not heated by fuel oil

The building is heated by fuel oil, but the landlord does not furnish heat

9. List the number of sleeping rooms contained in the unit: _____

10. List the full names and dates of birth of all current occupants of this unit:

NAME:	DOB:	NAME:	DOB:

11. Floor plan enclosed Registration fee for this unit enclosed; amount: _____

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. I will 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.

Applicant Name

Signature

Date

Fee: \$30

Make checks payable to: **Borough of Elmer**

Due January 15 annually or upon change of ownership/tenancy

*VOID upon change of tenancy or change of record ownership of the rental unit;
Certificate of Occupancy required*

FOR OFFICE USE ONLY

Amount Paid _____

Date of Inspection _____

Received By _____

Inspector _____

Cash/Check # _____

Taxes & Utility Fees Satisfied _____

Date Received _____

Floor Plan Enclosed _____

Registration # _____