

Please: 1. Read Instructions / Requirements (http://www.burlingtonnj.us/LandlordReg.html) and 2. Answer All Questions or Designate N/A(Not Applicable)

City of Burlington NJ USA • Pursuant to Ordinance #15-1998

FOR OFFICIAL USE ONLY Fee Exempt
Registration Fee \$ _____ Taxes, Utility Fees,
Re-Inspection Fee \$ _____ Assessments Satisfied
Inspector _____ Date _____

RENTAL FACILITY REGISTRATION & LICENSE APPLICATION

1. RENTAL PROPERTY ADDRESS

(street / location, NOT P.O. Box)

2. OWNERS INFORMATION: In case of partnership or corporation list information on all names of general partners, corporate officers and registered agent.

OWNER'S Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Record Owner is a Corporation Yes No Record Owner is a Partnership Yes No

REGISTERED AGENT: Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

3. MANAGER / LOCAL CONTACT INFORMATION: If Owner is not a resident of Burlington County, NJ, please provide authorized individual contact information for acceptance of notices from tenant, to issue receipts therefore, and accept/contract service of process on behalf of the record owner:

MANAGER / LOCAL CONTACT: Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

4. SUPERINTENDENT / JANITOR / CUSTODIAN or Other Individual to Provide Regular Maintenance Service:

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

5. OWNER'S EMERGENCY REPRESENTATIVE – in absence of Owner / Agent in time of emergency, who is authorized to make emergency decisions regarding this rental unit:

EMERGENCY REPRESENTATIVE: Name _____ Day Phone () _____

Address _____ City _____ State _____ Zip _____ Nite Phone () _____

6. MORTGAGE HOLDER INFORMATION – List all holders of recorded mortgages on this rental property:

MORTGAGE HOLDER: Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

MORTGAGE HOLDER: Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

7. UNIT UTILITIES INFORMATION: Owner's Responsibility Heat Electric Water Sewer Yard Maintenance
Tenant's Responsibility Heat Electric Water Sewer Yard Maintenance

FUEL DEALER: Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

8. NUMBER OF SLEEPING ROOMS IN THIS UNIT _____

ADDITIONAL REQUIREMENT NOTE: A Floor Plan of Unit must be attached to this form. Plan need not be to scale.

9. NAMES OF ALL CURRENT OCCUPANTS: _____

10. REGISTRATION FEE INFORMATION: \$ _____ Payment Enclosed or Exempt from Fee – No Payment is required, qualifying NJ Property Tax as Senior Citizen Resident Owner, I am exempt from registration fee.

11. NON-RENTAL UNIT CERTIFICATION: I certify this is not a Residential Rental Unit. Signature _____

12. OWNER/AGENT CERTIFICATION: I hereby certify that all the above information is true to the best of my knowledge, and belief. I am aware that if the foregoing information is willfully false, that I am subject to penalties and criminal prosecution.

OWNER / AGENT SIGNATURE(S) _____ Date _____

OWNER / AGENT SIGNATURE(S) _____ Date _____

****Note:** Every person required to file this Registration Form pursuant to this registration shall file an amended Registration Form within 3 (three) days after any change in the information required to be included thereon. No additional fee shall be required for the filing of an amendment except when ownership of this unit is changed. All property fees must be paid and all municipal charges satisfied or this application will be considered incomplete and not in compliance with Ordinance #15-1998.