

BOROUGH OF MOUNT EPHRAIM
LANDLORD IDENTITY STATEMENT AND CERTIFICATE OF OCCUPANCY
INSPECTION
APPLICATION

DATE: _____

BLOCK: _____

DUE BY: _____

LOT: _____

PROPERTY ADDRESS: _____

BUSINESS NAME: _____ PHONE#: _____

OWNER OF PROPERTY: _____ PHONE#: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OWNER OF BUSINESS: _____ PHONE#: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUIRED UNDER THE BOROUGH OF MOUNT EPHRAIM ORDINANCE #75.1

CERTIFICATE OF OCCUPANCY INSPECTION	\$25.00 per rental unit
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DUE PER UNIT	\$25.00 per rental unit
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TOTAL # OF UNITS: _____ TOTAL DUE: \$ _____

PLEASE RETURN WITH YOUR PAYMENT PAYABLE TO:

BOURUGH OF MOUNT EPHRAIM

121 S. BLACK HORSE PIKE

MT. EPHRAIM, NJ 08059

BOROUGH OF MOUNT EPHRAIM

LANDLORD IDENTITY STATEMENT

BUILDING ADDRESS: _____

TENANT DWELLING REGISTRATION FORM

THE FORM OF THE CERTIFICATION OF REGISTRATION TO BE FILED WITH THE OFFICE OF CODE ENFORCEMENT AND DISTRIBUTED TO TENANTS BY OWNERS OF OCCUPIED RENTAL DWELLINGS SHALL BE SUBSTANTIALLY AS FOLLOWS:

Please type or print all information:

1. The name and address of all record owners of the building or of the rental business (including all general partners in the case of the partnership) are as follows (name, address, and phone number):

2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows (name, address, and phone number):

3. 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 a tenant to issue receipts for those notices and notices and to accept service of process on behalf of the county record owner(s) are as follows (name, address and phone number):

4. The managing agent is as follows (name, address, and phone number):

{ } There is no managing agent

5. A superintendent, janitor, custodian, or other person employed to provide regular maintenance services are as follows (name, address, including apartment number, dwelling unit, etc., and phone number):

6. The individual representative of the record owner or managing agent who may be reached at any time in the event of any emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows (name, address, and phone number):

7. The name and address of the holders of recorded mortgages on the property are as follows:

8. If fuel oil used to heat the building and the owner furnishes the heat, the name and address of the fuel dealer servicing the building and the grade of fuel oil used are as follows (name, address, and phone number):

9. Number of dwelling units: _____

10. Name, phone and unit numbers of all tenants, including children:

11. A floor plan of the building must be submitted. The floor plan should indicate all rooms, doors, kitchen, sleeping areas, etc.

{ } Floor plan attached

12. The owner of the property is a senior citizen and qualifies under NJ State Statute 54:4-8.41

{ } Yes { } No

13. Driver's License Number for the registering owner: _____ State: _____

Signature Printed Name Title Date

Do not write below this line

Check Number: _____ **Amount:** _____ **Date Received:** _____

Tax Record Checked: { } Yes **Intitials:** _____