TOWNSHIP OF ELK, NEW JERSEY		
OFFICE OF HOUSING OFFICIAL		
680 Whig Lane		
Monroeville, New Jersey 08343-9209		
Phone (856) 881-6525 Fax (856) 881-5750		

APPLICATION FOR RENTAL PROPERTY REGISTRATION AND LANDLORD LICENSE RENEWAL-CHAPTER 79A

NOTE: ALL UTILITIES MUST BE ON PRIOR TO INSPECTION License Term: Annually - March 1 to February 28

1.	ADDRESS TO BE INSPECTED: BLOCK: LOT: IS THE DV	VELLING VACANT? YES NO
2.	OWNER/COMPANY'S NAME: ADDRESS:	
		FAX # OR EMAIL:
3.	INSURANCE COMPANY'S NAME/ADDRE	SS:
	POLICY #:	TELEPHONE #:
4.		

If the Owner/Company is not a resident of Gloucester County, please provide the name of a person who 5. resides in Gloucester County and who is authorized to accept notices from a tenant, to issue receipts and to accept payments on behalf of the record Owner. NOTE: Form will be returned if this section is not filled in.

commercial business structure)

NAME:		
ADDRESS (NO P.O. BOXES):		
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TELEPHONE #:

Name, address and phone number of Agent of the Unit, if any. 6.

NAME:	
ADDRESS (NO P.O. BOXES):	
· · · · · ·	
TELEPHONE #:	

7.	Name, address and phone number, including the dwelling unit number, of the superintendent, janitor, custodian or
	other individual employed by the Owner or Agent to provide regular maintenance services, if any, to the Unit.

NAME:	
ADDRESS (NO P.O. BOXES):	
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TELEPHONE #:

Name, address and phone number of the representative of the Owner or Agent of the Unit, to be reached or 8. contacted at anytime in the event of an emergency and who has the authority to make emergency decisions. NOTE: Form will be returned if this section is not completed.

NAME: ADDRESS (NO P.O. BOXES):

TELEPHONE #:

9. Name, address and phone number of all holders of recorded Mortgage(s) on this property.

NAME:	_ NAME:	
ADDRESS (NO P.O. BOXES):	_ADDRESS (NO P.O. BOXES):	
	TELEPHONE #:	

10. Name, address and phone number of the fuel oil dealer if fuel oil is used to heat this Unit, and if the Landlord furnishes the heat in this Unit.

	NAME: ADDRESS (NO P.O. BOXES):
	TELEPHONE #:
11.	Number of sleeping rooms in this Unit: Please include a drawing of the floor plan for the rental unit. The number of persons who will occupy the Unit:
12.	Enclosed is the required \$145.00 Registration fee for this unit This fee includes the 1 st CO inspection.
13.	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 that I am subject to penalties and criminal prosecution.

X	
OWNER'S SIGNATURE	DATE

FOR OFFICIAL USE ONLY:		
\$145.00 Registration Fee Check # Cash	\$10 Renewal Fee Check # Cash License Term: Annually March 1 – February 28	
\$30.00 Late Registration Fee Check #Cash	Taxes, Utility Fees & Assessments Satisfied	
Fee Exempt	Floor Plan Attached	
\$50 Lead Paint Admin. Fees Check # Cash	\$20 State Lead Hazard Control Assistance Fund Fee Check # Cash	

PLEASE SEND SEPARATE CHECKS FOR ALL FEES

RECEIVED BY: _____

DATE RECEIVED: _____