

## Borough of Jamesburg Rental Unit – Registration Form

**A separate registration form must be completed for each unit, even where there is more than (1) one rental unit contained within the same building**

1. Name of record owner: \_\_\_\_\_

2. Address of record owner: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

3. Address of rental unit: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qual \_\_\_\_\_

\*\* In the case of a partnership, the names and addresses of all general partners shall be provided, together with the telephone numbers for each of such individuals indicating where such individual may be reached both during the day and evening hours. If the record owner is a corporation, the names & addresses of the registered agent and corporate officers of said corporation together with the telephone numbers for each of such individuals may be reached both during the day and evening hours shall be provided.

4. If record owner (see No. 3) above is not located in Middlesex County, provide the name and address of a person **who resides in Middlesex County** who is authorized to act on behalf of the record owner:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

5. Name of agent of rental unit, if applicable: \_\_\_\_\_

Address of agent, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

6. Name of superintendent, janitor, custodian or other individual employed by owner or agent to provide regular maintenance service, if applicable:

Name \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No: Day \_\_\_\_\_ Night \_\_\_\_\_

(OVER)

7. In case of an emergency, contact person is: \_\_\_\_\_

Telephone No: Day \_\_\_\_\_ Night \_\_\_\_\_

Email address: \_\_\_\_\_

8. Name of the holders(s) of a recorded mortgage(s) on the rental unit:

Name: \_\_\_\_\_

Mortgage holders address: \_\_\_\_\_

(Attach additional sheet if needed.)

9. If fuel oil is used to heat the rental unit (Provided by landlord), Name of fuel oil dealer/gas servicing unit:

Address: \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Grade of fuel oil used: \_\_\_\_\_

10. Square footage of the entire unit: \_\_\_\_\_ Floor Plan must be included with this form

Square footage of bedrooms:

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ Living room \_\_\_\_\_

Dining Room \_\_\_\_\_ or combined Lt/Dr: \_\_\_\_\_

Tenant identification is NOT MANDATORY for issuance of a license. If provided, owner acknowledges that such information has been provided voluntarily. When owner fails to provide such information, the owner may be deemed to be in possession for purposes of all enforcement and penalty provisions.

11. Names of tenants: 1. \_\_\_\_\_, 2. \_\_\_\_\_

3. \_\_\_\_\_, 4. \_\_\_\_\_, 5. \_\_\_\_\_

12. Commencement of tenancy \_\_\_\_\_ Termination of tenancy \_\_\_\_\_

13. Information regarding person filing this form: Name \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

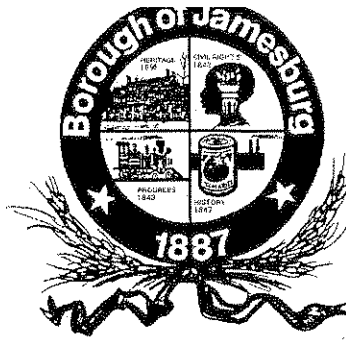
I hereby certify that the above information is true and correct:

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Municipal Building  
131 Perrineville Road  
Jamesburg, New Jersey 08831



Phone:  
(732) 521-2222  
Fax: (732) 521-3455

**BOROUGH OF JAMESBURG  
PROPERTY MAINTENANCE CODE - ORDINANCE #06-98**

**OCCUPANCY INFORMATION FORM  
\* FOR NEW OR EXISTING TENANT \***

\* OWNERS OF MORE THAN ONE PROPERTY NEED TO COPY THIS FORM.

BLOCK and LOT \_\_\_\_\_

1. ADDRESS OF PROPERTY \_\_\_\_\_ UNIT # \_\_\_\_\_

SQUARE FOOTAGE OF UNIT \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FOOTAGE OF BEDROOMS 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

2. NUMBER OF PERSONS RESIDING IN UNIT: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

NAME AND ADDRESS OF PERSON FILLING THIS FORM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

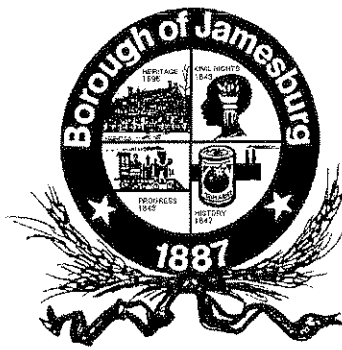
\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

RECEIVED BY: \_\_\_\_\_

\_\_\_\_\_  
DATE

Municipal Building  
131 Perrineville Road  
Jamesburg, New Jersey 08831



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**BOROUGH OF JAMESBURG**  
**PROPERTY MAINTENANCE CODE - ORDINANCE #06-98**

**OWNER REGISTRATION STATEMENT**

FOR ALL BUILDINGS AND STRUCTURES, RESIDENTIAL AND COMMERCIAL, EXCEPT  
SINGLE-FAMILY and TWO-FAMILY, OWNER OCCUPIED

1. ADDRESS OF PROPERTY \_\_\_\_\_ DATE \_\_\_\_\_  
BLOCK and LOT \_\_\_\_\_ NUMBER OF UNITS \_\_\_\_\_
2. OWNER IN TITLE: NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_
3. If the Owner is an entity other than an individual, i.e. a corporation, trade name, partnership, trust, condominium association, or other legal entity: List the name of each partner and/or owner and/or person having a beneficiary interest on a separate sheet and attach it hereto. In the case of a Corporation, if the total number of stockholders is twenty (20) or less, list the names and addresses of each stockholder; if the total number of stockholders is more than twenty (20), list those who own either directly or beneficially at least (10%) of the stock of the corporation.
4. If the Owner is other than an individual: The Registered Agent who will accept all legal notices on the owner's behalf.  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_
5. The Managing Agent, Superintendent or Other individual employed by the owner or managing agent to provide regular maintenance service (if applicable).  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_
6. An Individual Representative of the Owner or Managing Agent who may be contacted in the event of an emergency affecting the premises of the property and/or any unit, dwelling or commercial space therein IN THE ABSENCE OF THE OWNER/MANAGING AGENT, and who has the authority to make emergency decisions concerning the building or property and any repair thereto expenditure in connection therein. MUST BE COMPLETED; CANNOT BE THE OWNER/MANAGING AGENT.  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_
7. List the address and unit number, name(s) and age(s) of each tenant currently in residence on a separate sheet and attach it hereto. Whenever there is a change in tenancy a new inspection is required. Therefore, the owner shall notify the Code Enforcement Office as to all such changes.

DIRECTOR OF COMMUNITY DEVELOPMENT \_\_\_\_\_ DATE \_\_\_\_\_

TAX COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_



**13. OWNER**

**NAME: 1**

**NAME: 2**

**FED. ID NO. or SOC. SEC. NO.**      **COUNTY, if in N.J.**      **PHONE**

**ADDRESS (P.O. Box not acceptable)**

**CITY**      **STATE**      **ZIP CODE**

**14. BUILDING**  
2nd Address if known by another name

**BLOCK NUMBER**      **LOT NUMBER**

**NAME OF BUILDING (if any)**

**ADDRESS: STREET NUMBER**      **STREET NAME**

**SECOND ADDRESS**

**CITY**      **STATE**      **ZIP CODE**

**N J**

**15. IN COUNTY AGENT**  
(Must reside in the same county as the property)

**NAME: 1**

**NAME: 2**

**COUNTY**      **PHONE**

**ADDRESS (P.O. Box not acceptable)**

**CITY**      **STATE**      **ZIP CODE**

**16. MANAGER**

**NAME: 1**

**NAME: 2**

**COUNTY**      **PHONE**

**ADDRESS**

**CITY**      **STATE**      **ZIP CODE**

**17. MORTGAGEE**

**NAME: 1**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**NAME: 2**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**18. Net lessee or any other person in control of the property (other than record owner)**

**NAME: 1**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**NAME: 2**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**PHONE**  
\_\_\_\_\_  
\_\_\_\_\_  
**ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**19. Corporations, Condominiums and Cooperatives (must list officers or general partners)**

**NAME: 1**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TITLE (if any)**  
\_\_\_\_\_  
\_\_\_\_\_  
**ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**NAME: 1**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TITLE (if any)**  
\_\_\_\_\_  
\_\_\_\_\_  
**ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**NAME: 1**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TITLE (if any)**  
\_\_\_\_\_  
\_\_\_\_\_  
**ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

20. Registered agent (if under corporate, condominium, or cooperative ownership)

**NAME: 1**  
**NAME: 2**  
**PHONE**  
**ADDRESS (P.O. Box not acceptable)**  
**CITY** **STATE** **ZIP CODE**

21. Multiple dwelling Janitor or superintendent (if 9 or more units)

**NAME**  
**ADDRESS**  
**APT./ROOM NUMBER** **BUILDING NUMBER** **PHONE**  
**CITY** **STATE** **ZIP CODE**

22. Individual who can authorize emergency repairs and expenditures

**NAME: 1**  
**NAME: 2**  
**PHONE**  
**ADDRESS**  
**CITY** **STATE** **ZIP CODE**

23. Fuel oil supplier

Building is not heated by fuel oil. IF THIS BOX IS MARKED, ALL OF THE FUEL OIL SUPPLIER FIELDS MUST REMAIN BLANK.

IF FUEL OIL IS USED, PLEASE FILL OUT ALL OF THE INFORMATION BELOW. GRADE OF FUEL FUEL OIL USED 2

**NAME**  
**ADDRESS**  
**CITY** **STATE** **ZIP CODE**

RETURN CERTIFICATE AND \$10.00 FEE FOR EACH BUILDING TO:

Department of Community Affairs  
 Division of Codes and Standards  
 Bureau of Housing Inspection  
 101 South Broad Street, PO Box 810  
 Trenton, New Jersey 08625-0810

THIS FORM MUST BE SIGNED AND ALL INFORMATION MUST BE SUPPLIED INCLUDING ALL PHONE NUMBERS. IF THIS APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE OWNER.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_

FOR OFFICE USE ONLY