

Borough of Jamesburg  
Municipal Building  
131 Perrineville Road  
Jamesburg, New Jersey 08831

Housing Department  
Phone: (732) 521-2222 ext. 105  
Fax: (732) 521-3455  
Website: [www.jamesburgborough.org](http://www.jamesburgborough.org)

## 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 (\_\_\_\_) \_\_\_\_\_

Owners Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

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

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

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

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

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

(OVER)

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 \_\_\_\_\_

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 Lr/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 \_\_\_\_\_

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

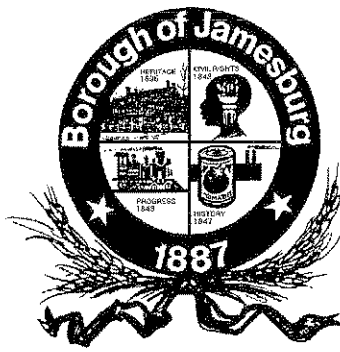
**OWNER REGISTRATION STATEMENT**

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 \_\_\_\_\_

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**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



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  
 Telephone Number: 609-633-6225

DATE \_\_\_\_\_  
 REGISTRATION NO.: \_\_\_\_\_  
 RE: \_\_\_\_\_

NOTICE OF VIOLATION AND ORDER TO REGISTER

Multiple Dwellings, including condominiums and cooperatives, which contain 3 or more units of dwelling space; Hotels which contain 10 or more units of dwelling space or have sleeping facilities for 25 or more persons or, are commonly regarded as a hotel, motor hotel, motel, or established guesthouse in the community in which they are located, and non-profit Retreat Lodging Facilities must be registered with the Bureau of Housing Inspection as required by the Hotel and Multiple Dwelling Law, N.J.S.A. 55:13A-1 et seq.

Bureau records indicates that the above referenced building, owned by you, is subject to these registration requirements.

If this information is correct, you are required by law to file a Certificate of Registration with the Bureau of Housing Inspection, using the attached form, within 30 days of receipt of this notice.

If this information is incorrect, please notify the Bureau immediately.

If any of the information submitted on this form should change, an owner must submit an amended Certificate of Registration within 30 days of such change. No fee shall be charged for the filing of an amended Certificate of Registration, except in the case of a change in ownership wherein the submission of a new Certificate of Registration is required.

Failure to comply with the term of this notice may subject you to immediate entry of a docketed judgment against you, for a penalty in the amount of \$200.00 per building, pursuant to N.J.S.A. 55:13A-12(d).

New Jersey Department of Community Affairs  
 Bureau of Housing Inspection  
 CERTIFICATE OF REGISTRATION

A fee of \$10.00 is required for **each** building registered. Please complete and submit this form with the required fee of \$10.00, payable by money order, certified check or cashier's check only, to: N.J. Bureau of Housing Inspection, within 30 days of receipt of this notice.

If your property consists of a complex of buildings, you must complete this **Certificate of Registration** for the first building and a **Supplemental Certificate of Registration** for **each additional building, and submit with the corresponding fee of \$10.00 for each building registered.**

**FOR OFFICE USE ONLY**

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<b>1. Is This An Amended Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. YEAR CONSTRUCTED</b> month                year NOTE: Attach Copy of Certificate of Occupancy if issued after 1/1/1977. <input type="text"/> - <input type="text"/>	
<b>2. Previous Registration Number, If Any</b> <input type="text"/>		<b>9. LIFE HAZARD</b> Registered as Life-Hazard Use As per Uniform Fire Code <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, DFS Reg. No.: <input type="text"/>	
<b>3. BUILDING No:</b> <input type="text"/> of <input type="text"/> <b>TOTAL BUILDINGS</b>		<b>10. CONSTRUCTION</b> 1 <input type="checkbox"/> Masonry and Concrete      3 <input type="checkbox"/> Exterior Masonry Wall and Frame 2A <input type="checkbox"/> Hotel                                  2D <input type="checkbox"/> Dormitory 2B <input type="checkbox"/> Season Hotel                          3 <input type="checkbox"/> Retreat Lodging Facility 4 <input type="checkbox"/> Frame	
<b>4. BUILDING USE (mark one)</b> 1. <input type="checkbox"/> Multiple Dwelling      2C. <input type="checkbox"/> Guest House/ Bed & Breakfast 2A. <input type="checkbox"/> Hotel                                  2D. <input type="checkbox"/> Dormitory 2B. <input type="checkbox"/> Season Hotel                          3. <input type="checkbox"/> Retreat Lodging Facility		<b>11. DATE OF TRANSFER OF OWNERSHIP</b> month                day                year <input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>5. FORM OF OWNERSHIP (mark one)</b> 0 <input type="checkbox"/> Corporation                                  4 <input type="checkbox"/> Cooperative 1 <input type="checkbox"/> Private (Individual or Family)      5 <input type="checkbox"/> Public Housing Authority 2 <input type="checkbox"/> Legal Partnership                          6 <input type="checkbox"/> Limited Liability Company		<b>12. TAXES PAID TO:</b> Municipality _____ County _____	
<b>6. Number of:</b>  Dwelling units <input type="text"/>  Rooming units <input type="text"/>  Total <input type="text"/>	<b>7. STORIES</b> <input type="text"/>	<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> Transfer <input type="checkbox"/> Initial <input type="checkbox"/> Transfer amended month            day            year <input type="text"/> - <input type="text"/> - <input type="text"/>	
		Lead exempt <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of lead exempt units <input type="text"/>	

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

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



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

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

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

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

**22.**  
Individual who can authorize emergency repairs and expenditures

**NAME: 1**  
[Grid]  
**NAME: 2**  
[Grid]  
**PHONE**  
[Grid]  
**ADDRESS**  
[Grid]  
**CITY** [Grid] **STATE** [Grid] **ZIP CODE** [Grid]

**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**  
[Grid]  
**ADDRESS**  
[Grid]  
**CITY** [Grid] **STATE** [Grid] **ZIP CODE** [Grid]

**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  
[Blank Box]