

BOROUGH OF SWEDESBORO
HOUSING INSPECTION OFFICE
1500 Kings Highway
Swedesboro, NJ 08085
Phone: 856-467-0202 Fax: 856-467-5767

2012 RENTAL FACILITY APPLICATION

NOTE: Properties w/ more than one Rental Unit can complete Section A once and a Section B for each Rental Unit.

SECTION A

GENERAL INFORMATION

RENTAL PROPERTY

STREET ADDRESS: _____

BLOCK: _____ LOT: _____ NUMBER OF RENTAL UNITS: _____

OWNER

(List information on all General Partners or Corporate Officers. Attach additional sheet if necessary)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____ @ _____

MANAGER / LOCAL CONTACT

CHECK BOX IF SAME AS OWNER:

(If owner is not a resident of Swedesboro, NJ, please provide authorized individual information for acceptance on notices from tenant, to issue receipts therefore and accept/contract service of process on behalf of the owner)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

RENTAL FACILITY APPLICATION
SECTION A
CONTINUED

BLOCK: _____ LOT: _____

SUPERINTENDENT/JANITOR/CUSTODIAN CHECK BOX IF SAME AS OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

OWNER'S EMERGENCY AGENT

(The individual authorized to make emergency decisions regarding this rental unit if owner/agent is unavailable)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

MORTGAGE HOLDERS CHECK BOX IF NONE:

(List all holders of recorded mortgages on this rental property. Attach additional sheet if necessary)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

END SECTION A

**RENTAL FACILITY APPLICATION
SECTION B**

BLOCK: _____ LOT: _____ UNIT #: _____

OWNER: _____

SECTION B

UNIT INFORMATION

TOTAL SQUARE FOOTAGE OF LIVING SPACE: _____
(Do not include unfinished Basement, unfinished Attic, Bathrooms, Closets or Hallways)

SQUARE FOOTAGE OF EACH BEDROOM:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

TOTAL NUMBER OF OCCUPANTS: _____

NAMES OF ALL OCCUPANTS:

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

UTILITIES AS PROVIDED BY LEASE: CHECK ALL BOXES THAT APPLY

OWNER: HEAT: ELECTRIC: WATER: SEWER: YARD MAINTENANCE:

TENANT: HEAT: ELECTRIC: WATER: SEWER: YARD MAINTENANCE:

**RENTAL FACILITY APPLICATION
SECTION B
CONTINUED**

BLOCK: _____ LOT: _____ UNIT #: _____

FUEL HEAT DEALER NATURAL GAS: OIL: PROPANE: ELECTRIC:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NON-RENTAL UNIT CERTIFICATION:

I, _____ certify this is not a Rental Unit. _____ (Initial)

DATE OF LAST CO INSPECTION: MONTH: _____ DAY _____ YEAR _____
(Attach copy of most recent Certificate of Occupancy issued by Woolwich Township Construction Office)

OWNER/AGENT CERTIFICATION:

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

DATE

NOTE: Every property owner is required to submit a license application. Pursuant to the application an amended registration form must be filed within 20 (twenty) days. Any change in the information is required to be included therein. No additional fee shall be required for the filing of an amended registration form. A new license application must be completed when a property is sold. All Municipal assessments must be satisfied or a license will not be issued and will be considered incomplete and not in compliance with Borough of Swedesboro Code Chapter 95.

FOR OFFICIAL USE ONLY

DATE: _____ FEE: \$75.00 \$150.00 CASH: CHECK#: _____

TAXES DUE: Y N UTILIY DUE: Y N ASSESSMENTS SATISFIED: Y N