



DEPTFORD TOWNSHIP
HOUSING INSPECTION OFFICE
1011 COOPER ST., DEPTFORD, NJ 08096
PHONE: (856) 686-2216 FAX: (856) 845-8995

LANDLORD REGISTRATION APPLICATION

SECTION A: GENERAL (Multi-family Complexes only need to complete general section once, but must complete Section B for each unit.) Number of units in building: _____

1. Rental Property Address: _____
Street Address, City, State, ZIP Code

2. Owner Information: In cases of partnership or corporation, list information on all names of general partners, corporate offices and registered agent.

Name _____
Address _____
Phone _____
Email _____

Record Owner is a Corporation Yes No Record Owner is a Partnership Yes No

Registered Agent: _____
Name Street Address, City, State, ZIP Code

Phone Fax Emergency Phone

3. Manager/Local Contact Information: If owner is not a resident of Gloucester County, 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 record owner:

_____ Name Street Address, City, State, ZIP Code

Phone Fax Emergency/Night Phone

4. Superintendent/Janitor/Custodian or other Individual to provide repetitive maintenance:

_____ Name Street Address, City, State, ZIP Code

Phone Fax Emergency/Night Phone

5. Owner's Emergency Representative – In absence of owner/agent in time of emergency who is authorized to make emergency decisions regarding this rental unit.

_____ Name Street Address, City, State, ZIP Code

Phone Fax Emergency/Night Phone

6. Mortgage Holder Info – List all holders of recorded mortgages on this rental property

Name _____
Address _____

Block _____ Lot _____

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continued

SECTION B: UNIT INFORMATION: Unit No. _____

7. **Number of sleeping rooms in this unit:** _____ **Additional requirement note:** A floor plan shall be attached to this form. Plan need not be to scale.

8. **Names of ALL current occupants of this unit:** _____

9. **Unit utilities information as provided by lease agreement:** Select Yes **OR** No

Owner: Heat Yes No Electric Yes No Water Yes No Sewer Yes No
Yard Maintenance Yes No

Tenant: Heat Yes No Electric Yes No Water Yes No Sewer Yes No
Yard Maintenance Yes No

Fuel Dealer's Name (if applicable): _____

Address _____

Phone _____ Grade _____

10. **NON-Rental Unit Certification:** I certify this is not a Resident Rental Unit. _____ ← (initial)

11. **Date of Last CO Inspection:** Month _____ Day _____ Year _____

12. **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.

Date: _____ Owner/Agent Signature(s): _____

Date: _____ Owner/Agent Signature(s): _____

Date: _____ Owner/Agent Signature(s): _____

*****NOTE***** Every property owner is required to submit a license application. Pursuant to the application, an amended registration form must be filed within twenty (20) 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 Deptford Township Ordinance No. O.16.12.

FOR OFFICIAL USE ONLY: Date Applied _____ Fee: \$ _____ Cash Check # _____

Taxes Due Yes No Utility Due Yes No Assessments Satisfied Yes No

MAXIMUM NUMBER OF OCCUPANTS ALLOWED FOR UNIT: _____

Block _____ & Lot _____