



# City of Northfield

## Office of Housing / Zoning

1600 Shore Road – Northfield - New Jersey – 08225 (609) 641-2832 Ext. 140

### RENTAL PROPERTY LANDLORD REGISTRATION (NJS 46:8-26 et seq.)

#### SHORT TERM RENTALS – 30 DAYS OR LESS – ARE PROHIBITED

Block \_\_\_\_\_ Lot \_\_\_\_\_ Year Built \_\_\_\_\_ \*\* Registration Number \_\_\_\_\_

\*\* If built before 1978, prior to occupancy property must be certified to be free of lead-based paint, as evidenced by a certification provided by a contractor who has been certified to provide lead paint inspection services by the Department of Community Affairs

Name of Owner \_\_\_\_\_ Phone with Area Code \_\_\_\_\_

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

**Rental Property Address** \_\_\_\_\_

Unit Number (if multiple units) \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Ownership (check one): Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If the owner is not within the City of Northfield, complete the following:

Name of a person who lives in Atlantic County who is authorized by the owner to act on behalf of the Owner:

Name: \_\_\_\_\_ Phone with Area Code \_\_\_\_\_

Address \_\_\_\_\_

In the case of a Partnership, please provide names and addresses of all general partners. In the case of a corporation, please provide the name and the address of the registered agent and corporate officers of said corporation. (A separate piece of paper may be used if needed);

Name All General Partners/Corporate Officers/Registered Agent: \_\_\_\_\_

Address \_\_\_\_\_

Additional Partner/Officer/Agent: \_\_\_\_\_

Address \_\_\_\_\_

Please provide the name, address and phone number of the superintendent, janitor, custodian or other individual employed by the owner or agent to provide regular maintenance service, if any:

Name: \_\_\_\_\_ Phone with Area Code \_\_\_\_\_

Address \_\_\_\_\_

Please provide the name, address and phone number of an Emergency Contact person:

Name: \_\_\_\_\_ Phone with Area Code \_\_\_\_\_

Address \_\_\_\_\_

Please provide the name and address of every holder of a recorded mortgage on the premises:

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

Address \_\_\_\_\_

If fuel oil is used to heat the building and the landlord furnishes the heat in the building, provide the name and address of the fuel oil dealer servicing the building and the grade of fuel use:

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

Address \_\_\_\_\_

§ 275-3 Registration fee. The owner shall pay at the time of registration a fee of \$65. An annual registration fee, due January of each subsequent year, shall be \$65. If full payment is not received by March 1 of any year, a late fee of \$25 shall be assessed.

*If you previously filed this form between January and December of the current year, it is not necessary to refile until January of the subsequent year.*

§ 275-4 Inspections; fee. Each rental unit, apartment and/or dwelling unit required to be registered hereunder shall be inspected every two years or before occupancy of a new tenant. Additional \$65.00 fee for each new inspection applies. Re-inspections due to violations are \$25.00 (§ 128-3).

As a landlord in the state of NJ, you are required to maintain liability insurance for negligent acts and omissions in an amount of no less than \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence. Please provide a copy of the certificate of insurance for this property.

\_\_\_\_\_ I (owner) have attached a copy of the certificate of insurance for this property and am aware that I must submit a new certificate upon expiration or renewal, change of carrier, OR annually, whichever is sooner

Owner, choose (1) One:

\_\_\_\_\_ I (owner) certify that the subject property was not built before 1978

\_\_\_\_\_ I (owner) certify that the subject property was built before 1978 and have attached DCA approved certification that the property has been determined to be free of lead-based paint hazards

\_\_\_\_\_ I (owner) certify that the subject property was built before 1978 and I acknowledge that I must have the property inspected and deemed to be free of lead-based paint hazards prior to occupancy

Owner Signature: \_\_\_\_\_

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

*FOR INTERNAL USE ONLY*

Fee Remitted \$ \_\_\_\_\_

Cash or Check # \_\_\_\_\_

Collected By \_\_\_\_\_

Housing Office: \_\_\_\_\_

Date \_\_\_\_\_