

TOWNSHIP OF DELANCO  
770 Coopertown Rd.  
Delanco, NJ 08075

No. 2012-\_\_\_\_\_  
(For Office Use Only)

**Initial Rental Facility Registration**  
Pursuant to Ordinance 1998-3, 2005-35, 2007-2 and N.J.S.A. 46:8-27

**INITIAL REGISTRATION FEE - \$100.00 each unit**

**DUE DATE: APRIL 1, 2012**

**REINSPECTION FEES AFTER FAILED INITIAL INSPECTION (if applicable)**

1<sup>st</sup> Reinspection - \$20.00

2<sup>nd</sup> Reinspection - \$25.00

3<sup>rd</sup> or more Reinspections - \$40.00 per inspection

Change of Occupancy – No Charge

**Type of Rental:** \_\_\_\_\_ **Commercial** \_\_\_\_\_ **Residential** \_\_\_\_\_ **Industrial** \_\_\_\_\_

1. Rental Property Location: \_\_\_\_\_  
Address (No PO Box) \_\_\_\_\_ Unit No. \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_

2. Name, address, and phone number of record owner(s) of unit. In the case of a partnership list the names, addresses, and phone numbers of all general partners. If record owner is a corporation, complete this section with the required information for registered agent and corporate officers.

NAME/TITLE	ADDRESS/STREET/STATE/ZIP	PHONE NUMBER

Record owner is a (check one) \_\_\_\_\_  Corporation \_\_\_\_\_  Partnership \_\_\_\_\_  Other \_\_\_\_\_

3. If the owner is not a resident of Burlington County, please provide the name of a person who resides in Burlington County and who is authorized to accept notices from a tenant, to issue receipts therefore, and to accept service of process on behalf of the record owner.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address and PO Box  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Record owner is a resident of Burlington County \_\_\_\_\_

4. Name, address, and phone number of managing agent of the unit, if any.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and PO Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

There is no agent for this unit \_\_\_\_\_

5. Name, address, and phone number including dwelling unit number of the superintendent, janitor, custodian, or other individual employed by the owner or agent to provide regular maintenance service, if any.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and PO Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

There is no superintendent, etc. for this unit \_\_\_\_\_

6. Representative of the owner or agent to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and PO Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone (Day)

\_\_\_\_\_  
Phone (Evening)

7. Please list all holders of recorded mortgages on this property.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (No PO Box)

\_\_\_\_\_  
Address (No PO Box)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

There is no recorded mortgage on this unit \_\_\_\_\_

8. Identify the fuel oil dealer if fuel oil is used to heat this unit and the landlord furnishes the heat in this unit.

\_\_\_\_\_  
Name

\_\_\_\_\_ This unit is not heated by fuel oil

\_\_\_\_\_  
Address (No PO Box)

\_\_\_\_\_ This unit is heated by fuel but the landlord is not responsible for the supply of heat.

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_ Grade of Oil

\*9. Number of sleeping rooms in this unit \_\_\_\_\_  
**(A floor plan must be attached to this registration form. Plan need not be to scale.)**

\*10. Number of occupants that may reside at these premises \_\_\_\_\_

\*11. List the names of all current occupants of this unit.

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

*\*Questions 9,10 and 11 are for **RESIDENTIAL** rental use only*

**12. Enclosed is the required registration fee(s) for the unit(s)** \_\_\_\_\_  
I am exempt from the registration fee \_\_\_\_\_ See Ordinance 1998-03 Section 11 (c)

**13. This unit is not a rental unit** \_\_\_\_\_ **Property Location:** \_\_\_\_\_

**14. Reason this unit should not be considered a rental unit:**

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

**I hereby certify that the above information is true to the best of my knowledge, information, and belief. I am aware that if the foregoing information supplied is willfully false that I am subject to penalties and criminal prosecution.**

\_\_\_\_\_  
**Date** **Owner**

\*\*Every person is required to file a registration form and pursuant to this registration shall file an amended registration form within 20 days after the change in the information required to be included thereon. No fee shall be required for the filing of an amendment except when the ownership of the unit or tenant is changed.

\*\*All questions must be fully answered, fees paid, and all municipal charges satisfied or this application will be considered incomplete and not in compliance with Ordinance 1998-3 and 2005-35 and 2007-2

N.J.S.A. 46:8-17 requires a landlord to provide his tenants with a written statement providing basic information, the statement must also be filed with the Clerk of the municipality and be posted conspicuously in a common area: the Act applies to all residential tenancies except owner-occupied two and three unit premises.

N.J.S.A. 46:8-33 provides that if a landlord has failed to comply with this requirement, no judgment for possession shall be entered until there is compliance. If there has not been compliance, the Court is required to continue the case for up to 90 days and if there is no compliance within that period, the action must be dismissed.

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**TOWNSHIP OF DELANCO**  
**Rental Unit Floor Plan**

1. Rental Property Location: \_\_\_\_\_  
Address (No PO Box) Unit No.

\_\_\_\_\_

City, State, Zip

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

PLEASE INCLUDE WITH FLOOR PLAN ALL LENGTH AND WIDTH DIMENSIONS FOR EACH INDIVIDUAL AREA. DRAWING NEED NOT BE TO SCALE.