

LICENSE NUMBER _____
(Official use only)

REFERENCE NUMBER 100 _____
(Official use only)

**ANNUAL HOUSING PROPERTY APPLICATION
ORDINANCE 29-2006
TOWN OF BOONTON**

100 Washington Street, Boonton, NJ 07005 (973) 402-9410 Ext. 630/631

PROPERTY OWNER/AGENT

Post Office boxes alone are not sufficient

Name of "Owner of Record": _____

Address: _____ Tel. No. (Home): _____

_____ Tel. No. (Work): _____

_____ Tel. No. (Cell) : _____

"Owner of Record" is a : () Corporation () Partnership () Individual () LLC

Pursuant to NJSA 46:8-28, the landlord shall supply the names and addresses of all general partners and/or corporate officers.

	<i>Name</i>	<i>Address</i>	<i>Title (e.g. President)</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Name of in-county Agent/Manager/Emergency Authorizer: _____

Address: _____ Tel. No. (Home): _____

_____ Tel. No. (Work): _____

_____ Tel. No. (Cell) : _____

SUBJECT PROPERTY

Location/Address: _____

Number of Units: _____ Block: _____ Lot: _____ Building Number: _____

If property contains three (3) or more units, provide State Multi-Dwelling Registration Number: _____

Provide any previously granted variance(s) for this property. Provide date variance granted and nature of variance granted:

Is heat furnished by landlord? Yes _____ If "Yes" please provide fuel dealer name, address, and phone number:

Is property owner-occupied? Yes _____

Floor Plan On File: _____
(License will not be issued unless checked)

(OVER)

Mortgage Holders (Use additional sheets if necessary)

- 1. _____
- 2. _____
- 3. _____

CERTIFICATIONS

I certify that the statements and the information submitted are true. I also certify that if I am not the property owner, that I have the consent of the property owner to make this application and that the property owner has full knowledge of the details of the application herewith being submitted. I further certify that the taxes, water and sewer charges are current, smoke and carbon monoxide detectors are installed and functional, and a floor plan is provided.

NOTE: I also understand that the above fees include the cost of the initial inspection. Re-inspections, whether due to non-compliance or inability to gain access for a scheduled re-inspection, will be charged \$25 per re-inspection visit. The cost for all inspections relating to the issuance of a license shall be paid in full no less than 24 hours prior to the scheduled re-inspection.

(Printed Name of Applicant) PURSUANT TO N.J.S.A. 46:8-27 THRU 37

(Signature of Applicant) Date TOWN CLERK

TENANT INFORMATION **PRINT LEGIBLY**

Unit # _____ **Number of residents in dwelling:** _____ **# Sleeping Rooms:** _____

All Tenant Names: _____

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All Tenant Names: _____

FOR OFFICE USE ONLY

Date Filed: _____ _____

Fee: Residential Rental Unit	\$25 per dwelling unit		Initials
Change of Tenant	\$25 per dwelling unit	Floor Plan	Property Zoned:
Re-inspection	\$25 per dwelling unit	Attached: _____	_____

Amount Paid \$ _____ () Cash () Check No. _____ Reference No. 100- _____

Reviewed By: () Zoning () UCC () Tax () Water & Sewer

Application Approved _____ Application Denied _____ COMMENTS: _____

Chief Code Enforcement Officer