

New Jersey Department of Community Affairs  
Bureau of Housing Inspection  
Application for Certificate of Registration

**COMPLETE THE ENCLOSED CERTIFICATE AND RETURN WITH REQUIRED FEE OF \$10.00**  
(No Fee Required for Amended Certificate)

**INSTRUCTIONS**

Enclose a fee of \$10.00 for each Certificate of Registration and Supplemental Certificate of Registration submitted. You may enclose one check or money order to cover several certificates mailed in the same envelope. *Make check or money order payable to the Bureau of Housing Inspection.* **DO NOT MAIL CASH. DO NOT USE POST OFFICE BOX NUMBERS FOR ADDRESSES. DO NOT RETURN A COPY OF THE ENCLOSED CERTIFICATE; THE ORIGINAL CERTIFICATE FORM MUST BE COMPLETED AND RETURNED.**

- Item 1:** If you have previously registered as the owner of this building and are filing a certificate form because you are required to report changed information, you are filing an amended certificate. No fee is required for an amended certificate.
- Item 2:** Answer only if you have been given or shown a registration certificate issued by the Bureau of Housing Inspection to the previous owner.
- Item 3:** For a building, which is not part of a complex, enter 1 for both the Building No. and Total Buildings. For a building, which is part of a complex, enter the individual building number and the total number of buildings in the complex.
- Item 4:** A multiple dwelling containing three or more units must be registered. When determining the total number of units, count both those that are rented as well as those that are owner-occupied. Hotels are buildings with 10 or more sleeping units or facilities for at least 25 people, providing accommodations to transient or permanent guests. Properties commonly regarded in their communities as motels, motor hotels or established guesthouses are "hotels" regardless of the number of units. Guest houses as well as non-state owned dormitories are considered sub-categories of HOTEL in the Hotel and Multiple Dwelling Law; they are further classified as life hazard buildings in the New Jersey Uniform Fire Code (N.J.A.C. 5:18-1.5 and N.J.A.C. 5:18-2-4A (c), (f) & (h), and therefore must also be registered with the local municipal Fire Official or the New Jersey Bureau of Fire Safety. Retreat lodging facilities, as defined in the Hotel and Multiple Dwelling Law, are buildings owned by tax-exempt, non-profit corporations, have sleeping facilities used exclusively on a transient basis by persons participating in programs of a religious, cultural or educational nature. Rooming and boarding houses are subject to the Rooming and Boarding House Act of 1979 (N.J.S.A. 55:13B-1 et seq.) and owners are required to be licensed by the Bureau of Rooming and Boarding House Standards, PO Box 804, Trenton, N.J. 08625-0804. They are not to be registered with the Bureau of Housing Inspection.
- Item 6:** Enter the number of dwelling units (apartments), rooming units and, total. Do not count as rooming units those rooms that are part of a dwelling unit (apartment) and not rented separately.
- Item 7:** Do not count as a story any level that is wholly or partially below ground.
- Item 8:** If Constructed after 1/1/77, enter the month and year in which the Construction Official issued a Certificate of Occupancy and attach a copy of the Certificate of Occupancy.
- Item 9:** Multiple dwelling of seven or more stories; hotels/motels and retreat lodging facilities of 2 or more stories, with interior stairways and all guest houses and non-state owned dormitories are classified by the New Jersey Uniform Fire Code as life hazard buildings. As such they must also be registered with the local municipal fire Official or the New Jersey Division of Fire Safety and the registration number then assigned must be entered under item #9.

- Item 11: Enter the complete date of closing.
- Item 13: If a corporation, enter the full corporate name and business address. If a condominium, note that all properties in condominium ownership are required by law to have associations. Enter the name of the condominium association c/o the name and address of the individual who maintains the association's records.
- Item 14: Enter block and lot numbers. They can be obtained from the municipal tax office. Enter the name, if any, of the building or project. Enter the full number and street name. For attached houses, enter the complete number (e.g. 234-238 Main Street).
- Item 15: Enter the name and address of an agent, person or corporation, who must reside or maintain an office in the county in which the property is located, authorized to receive service of process on behalf of the record owner and such orders or notices as may be issued by the Bureau of Housing Inspection. If the agent is a corporation, it must be licensed to do business in New Jersey. The owners name and address can be entered here as the agent, if the owner resides or maintains an office in the county.
- Item 16: The manager is the person or firm responsible for the maintenance of the building. If the owner or agent is the manager, so indicate. Otherwise, enter the manager's name, address and telephone number.
- Item 17: Enter the name and address of the first mortgage holder. If there are other mortgage holders as well, list them on a separate sheet of paper.
- Item 18: Enter the name, address and telephone number of any person other than the record owner who exercises control over the property.
- Item 19: Enter the names, addresses and titles (if any) of any corporate officers or general partners. If additional space is needed, use a separate sheet of paper.
- Item 20: If the owner is a corporation, enter the name and registered office address of the registered agent. This information should be the same as that appearing on the records of the New Jersey Secretary of State. This must also be completed for condominiums, cooperatives and Public Housing Authorities that are under corporate ownership.
- Item 21: In multiple dwellings of nine or more dwelling units the owner shall either perform the janitorial services personally, if a resident owner, or provide a janitor, or 24-hour a day janitorial services. If required, enter the name and address, including apartment or room number, of the person or janitorial service responsible for building maintenance.
- Item 22: Enter the name, address and telephone number of an individual authorized to make emergency decisions concerning repairs and expenditures for such repairs.
- Item 23: Enter the name and address of the fuel oil dealer who regularly supplies the building and the grade of fuel oil used. If the building is not heated by fuel oil, so indicate.

To obtain a copy of the N.J. Hotel and Multiple Dwelling Law, send \$1.00 to the N.J. Department of Community Affairs, Division of Codes and Standards, Licensing and Inspection Element, Bureau of Housing Inspection, 101 South Broad Street, PO Box 810, Trenton, New Jersey 08625-0810. Chapter 10 Regulations for the Maintenance of Hotels and Multiple Dwellings is also available at a cost of \$5.00. Please do Not Send Cash.



13.

OWNER

NAME: 1

NAME: 2

FED. ID NO. or SOC. SEC. NO.

COUNTY, if in N.J.

PHONE

ADDRESS (P.O. Box not acceptable)

CITY

STATE

ZIP CODE

14.

BUILDING

2nd Address if known by another name

BLOCK NUMBER

LOT NUMBER

NAME OF BUILDING (if any)

ADDRESS: STREET NUMBER

STREET NAME

SECOND ADDRESS

CITY

STATE

ZIP CODE

N J

15.

IN COUNTY AGENT

(Must reside in the same county as the property)

NAME: 1

NAME: 2

COUNTY

PHONE

ADDRESS (P.O. Box not acceptable)

CITY

STATE

ZIP CODE

16.

MANAGER

NAME: 1

NAME: 2

COUNTY

PHONE

ADDRESS

CITY

STATE

ZIP CODE

17.

MORTGAGEE

NAME: 1

NAME: 2

ADDRESS

CITY

STATE

ZIP CODE

18.

Net lessee or any other person in control of the property (other than record owner)

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY

STATE

ZIP CODE

19.

Corporations, Condominiums and Cooperatives (must list officers or general partners)

NAME

TITLE (if any)

ADDRESS

CITY

STATE

ZIP CODE

NAME

TITLE (if any)

ADDRESS

CITY

STATE

ZIP CODE

NAME

TITLE (if any)

ADDRESS

CITY

STATE

ZIP CODE

**20.** Registered agent (if under corporate, condominium, or cooperative ownership)

NAME: 1

NAME: 2

PHONE

ADDRESS (P.O. Box not acceptable)

CITY STATE ZIP CODE

**21.** Multiple dwelling Janitor or superintendent (if 9 or more units)

NAME

ADDRESS

APT./ROOM NUMBER BUILDING NUMBER PHONE

CITY STATE ZIP CODE

**22.** Individual who can authorize emergency repairs and expenditures

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY STATE ZIP CODE

**23.** Fuel oil supplier

Building is not heated by fuel oil. IF THIS BOX IS MARKED, ALL OF THE FUEL OIL SUPPLIER FIELDS MUST REMAIN BLANK.

IF FUEL OIL IS USED, PLEASE FILL OUT ALL OF THE INFORMATION BELOW. GRADE OF FUEL OIL USED 2

NAME

ADDRESS

CITY STATE ZIP CODE

**RETURN CERTIFICATE AND \$10.00 FEE FOR EACH BUILDING TO:**

Department of Community Affairs  
 Division of Codes and Standards  
 Bureau of Housing Inspection  
 101 South Broad Street, PO Box 810  
 Trenton, New Jersey 08625-0810

**THIS FORM MUST BE SIGNED AND ALL INFORMATION MUST BE SUPPLIED INCLUDING ALL PHONE NUMBERS. IF THIS APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE OWNER.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

