City of Somers Point
1 West New Jersey
(609)927-9088 ext. 142

Application for residential rental license & landlord registration
N.J.S.A. 46:8-27 et. Seq (1974)
Please complete application and return promptly with your payment
Application is hereby made to the City of Somers Point to operate a residential rental unit business in Somers Point. The following statements are made in order that said license may be granted

DATE:_____

SECTION 1 – RENTAL PROPERTY INFORMATION

Rental Property Address:_____ Apt. #:_____

Block:_____ Lot:_____ Qual:_____ Total # of Residential Rental Units in the building (including one listed above_____

Does Property Owner reside in one of the units? ☐ Yes ☐ No

SECTION 2 – PROPERTY OWNER INFORMATION

Check: ☐ Individual ☐ Partnership* ☐ Corporation *if a partnership, provide information for all partners (use additional sheets if necessary)

Record Owner of Premises:_____ Record Co-Owner of Premises:_____
Address:_____ Address:_____
City/State/Zip:_____ City/State/Zip:_____
Daytime Phone:_____ Daytime Phone:_____
Evening Phone:_____ Evening Phone:_____
Cell Phone:_____ Cell Phone:_____
Email:_____ Email:_____

If Owner is a Corporation, please provide:
Contact Person:_____ Registered Agent:_____
Address:_____ Address:_____
City/State/Zip:_____ City/State/Zip:_____
Daytime Phone:_____ Daytime Phone:_____
Evening Phone:_____ Evening Phone:_____
Cell Phone:_____ Cell Phone:_____
Email:_____ Email:_____

Mail Rental Correspondence to: ☐ Owner ☐ Agent

Has the Property Owner previously held a Residential Rental Unit License in Somers Point? ☐ Yes ☐ No

If Yes, has that licenses ever been revoked or suspended? ☐ Yes ☐ No

SECTION 3 – PROPERTY MANAGER OR LOCAL AGENT (if applicable per Ordinance)* If owner doesn't live in Atlantic County a local agent or person authorized to accept notices and issue receipts therefore and accept service of process on behalf of owner of record is required .

Company Name:_____
Contact Person:_____
Manager/AgentAddress:_____
City/State/Zip:_____
Business Phone:_____ Home/Cell Phone:_____
Fax number:_____ Email:_____

SECTION 4 – RENTAL PROPERTY SPECIFICATIONS

Year of Construction:_____ # of Stories:_____ What floor is this unit on?_____

Total sq. footage of rental property:_____ - *As specified in NJAC 5:10-22.3(a)*

Total # of Sleeping Rooms:_____Total # Bathrooms____Total sq.ft.____Equipped with Kitchen Y__ N__ sq.ft.____

	Sq. Ft.	#of Sleeping Accommodations		Sq. Ft.	# of Sleeping Accommodations
Sleeping Room 1:	_____	_____	Sleeping Room 4:	_____	_____
Sleeping Room 2:	_____	_____	Sleeping Room 5:	_____	_____
Sleeping Room 3:	_____	_____	Sleeping Room 6:	_____	_____

"Sleeping Accommodations"=# of people each room may accommodate for sleeping, as specified in NJAC 5:10-22.3(d)

Floor plan of rental property (to scale) attached? ☐ Yes ☐ No

(A copy of the Residential Rental Unit floor plan (to scale) must be attached; each area must be labeled for its intended use and contain the total square footage of all spaces contained in the rental unit. All common areas must be identified as such.)

1. Does property Owner furnish heat in this rental property? ☐ Yes ☐ No

    1a. If you answered "Yes" to Question #1, what type of fuel is used for heat?_____

2. What type of fuel is used for appliances?_____

3. What type of fuel is used for heat?_____

If you answered "Fuel Oil" to any of the questions above, please provide:

Fuel Oil Provider Name:_____

Address:_____

City/State/Zip:_____

Phone number:_____ Grade of Fuel Oil used:_____

SECTION 5 – TENANT (LESSEE) INFORMATION

Max. # occupants allowed_____ Total # occupants in dwelling_____total # lessees:_____ *(A "Lessee" is a person or persons whose signature appears on the Rental Property lease)*

Tenant/Lessee:_____cell phone_____

Co-Tenant/Lessee:_____cell phone_____

Co-Tenant/Lessee:_____cell phone_____

SECTION 6 – ADDITIONAL TENANT (NON-LESSEE) INFORMATION

Please list all additional Tenants residing at this rental property AGE 18 AND OVER:

Name:_____ Name:_____

Name:_____ Name:_____

Name:_____ Name:_____

Please indicate # of children residing at this rental property under age 18:

and age of all Children :_____

SECTION 7 - CERTIFICATION

By signing below, I certify that to the best of my knowledge and belief that the statements contained in this application are true and correct; and I further certify that to the best of my knowledge and belief that the unit for which the Residential Rental Unit License being applied for, is in compliance with Municipal Land Use and Development Chapter 169, the Housing Code and/or the UCC Code, the Uniform Fire Code of the State of New Jersey and/or the International Property Maintenance Code. Any one submitting any false and misleading information may be subject to punishment and or fines.

Signature of Owner/Agent:_____ Date:_____

Signature of Co-Owner/Agent: _____Date:_____

Signature of Fire Prevention Official:_____ Date:_____