



BOROUGH OF RARITAN

RESIDENTIAL RENTAL PROPERTY REGISTRATION

OWNER INFORMATION

NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
PHONE: _____ CELL(optional) _____ FAX _____

IN COUNTY PROPERTY MANAGER/EMERGENCY CONTACT INFORMATION

NAME: _____
STREET: _____
CITY, STATE, ZIP CODE: _____
PHONE: _____ CELL(optional) _____ FAX _____

PROPERTY ADDRESS: _____

BLOCK NO: _____ LOT NO: _____ NUMBER OF RENTAL UNITS _____

UNIT #	NO. OF BEDROOMS	NO. OF PERMITTED OCCUPANTS
UNIT# _____	NO. OF BEDROOMS _____	NO. OF PERMITTED OCCUPANTS _____
UNIT# _____	NO. OF BEDROOMS _____	NO. OF PERMITTED OCCUPANTS _____
UNIT # _____	NO. OF BEDROOMS _____	NO. OF PERMITTED OCCUPANTS _____
UNIT# _____	NO. OF BEDROOMS _____	NO. OF PERMITTED OCCUPANTS _____

(ATTACH ADDITIONAL SHEETS IF BUILDING CONTAINS MORE THAN 5 RENTAL UNITS)
A FLOOR PLAN IS REQUIRED TO BE SUBMITTED FOR EACH DWELLING UNIT INDICATING THE SQUARE FOOTAGE OF THE UNIT AND EACH BEDROOM, IDENTIFY CEILING HEIGHTS IF UNDER 7 FEET, AND ALL MEANS OF EGRESS. FLOOR PLANS ARE TO BE ATTACHED TO THE REGISTRATION AND MUST BE IDENTIFIED BY UNIT NUMBER.

OWNERS CERTIFICATION

I hereby certify that the information provided above is true and accurate and that any false or misleading information can be grounds for prosecution. Signature of at least one individual owner or owners authorized agent:

Signature: _____

Print or type name: _____

Address: _____ Phone: _____

Authority to sign: _____

(Such as "individual owner", "authorized officer of owner" or "owners authorized agent")

PLEASE NOTE: Any changes that occur in the above information are required to be reported to the code enforcement office within five business days by filing an amended registration form. A copy must be posted and distributed to the tenants. Failure to comply is a violation of the regulations and subject to monetary penalty.

For Office use only:

Fee: \$ _____ Cash() Check No. _____ Collected by: _____ Date: _____