

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

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
[Grid for Name 1]

NAME: 2
[Grid for Name 2]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

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

NAME: 1
[Grid for Name 1]

NAME: 2
[Grid for Name 2]

PHONE
[Grid for Phone]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

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

NAME: 1
[Grid for Name 1]

TITLE (if any)
[Grid for Title]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

NAME: 1
[Grid for Name 1]

TITLE (if any)
[Grid for Title]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

NAME: 1
[Grid for Name 1]

TITLE (if any)
[Grid for Title]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

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

NAME: 1 [grid]
NAME: 2 [grid]
PHONE [grid]
ADDRESS (P.O. Box not acceptable) [grid]
CITY [grid] STATE [grid] ZIP CODE [grid]

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

NAME [grid]
ADDRESS [grid]
APT./ROOM NUMBER [grid] BUILDING NUMBER [grid] PHONE [grid]
CITY [grid] STATE [grid] ZIP CODE [grid]

22. Individual who can authorize emergency repairs and expenditures

NAME: 1 [grid]
NAME: 2 [grid]
PHONE [grid]
ADDRESS [grid]
CITY [grid] STATE [grid] ZIP CODE [grid]

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 FUEL OIL USED 2

NAME [grid]
ADDRESS [grid]
CITY [grid] STATE [grid] ZIP CODE [grid]

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 _____

FOR OFFICE USE ONLY [grid]