



BOROUGH OF SHREWSBURY NEW JERSEY

419 SYCAMORE AVE
SHREWSBURY, N.J. 07702
TELEPHONE: (732) 741-4200
FAX: (732) 741-6549

PLEASE FILL OUT ALL 6 SECTIONS
{PLEASE TYPE OR PRINT LEGIBLY}

Date Received _____

Registration # _____

SECTION 1

RENTAL PROPERTY INFORMATION:

Block# _____ Lot# _____ Street Address _____

Building#(if applicable) _____ Total # of Units per Bldg _____

Heating Source: (please circle one): Natural Gas Electric Propane Fuel Oil

If fuel oil is used--Please provide below the name and address of the fuel oil dealer servicing the unit and the grade of fuel oil used:

Fuel Oil Dealer & Phone # _____ Grade of Oil _____

SECTION 2

OWNER INFORMATION:

Please list below the name and address of all record owners of the rental property, building or of the rental business (including all general partners in the case of a partnership and all members in the case of a Limited Liability Company and all shareholders in the case of a Corporation.)

Owner's Name: (Last, First) _____

Mailing Address: _____

Work Phone _____ - Mobile/Pager _____ Home Phone _____

Record Owner is not a Corporation (place check mark) _____

If Record Owner is a Corporation, please list the names and addresses of the Registered Agent, and of the Corporate Officers as follows:

Corporation/Partnership Name(s): _____

List additional Owners and addresses (if applicable) _____

*List below the name and address of all holders (bank, equity loan, etc) of recorded mortgages, on property:

No Mortgage on Property (place check mark)_____

If Owner of Record is NOT located in Monmouth County, then please provide below the name, address and telephone number of a person who resides in Monmouth County and is authorized to accept notices from a tenant or municipality, to issue receipts for these notices and to accept service of process on behalf of the record owner, and who can also serve as an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency with authority to make emergency decisions concerning the building or unit, including the making of repairs.

Authorized Agent:_____

Address: _____

Phone: (provide all numbers where this person might be reached) _____

*Emergency Contact- Name & Phone (provide all numbers where this person might be reached)_____

SECTION 3

MANAGING AGENT INFORMATION:

Managing Agent/Company Name: _____

Address: _____

Work Phone: _____ Mobile Phone: _____ Fax Number: _____

There is no Managing Agent: _____

If applicable: Please provide the name, address and phone number of the superintendent, janitor, custodian or other person employed to provide regular maintenance services.

Name of Super/Custodian/Janitor, etc. _____

Address _____

Phone# (provide any numbers where this person might be reached)_____

SECTION 5

FLOOR PLAN SECTION

Block# _____ Lot# _____ Street Address _____

FOR EACH UNIT--Please provide below, a floor plan of each unit, which shall depict the number, dimensions and location of each room in the unit. **Please designate which areas are the bedrooms.** No space shall be used for sleeping purposes which has not been so designated as a sleeping area on the sketch provided by the owner and approved by the Zoning Officer, which shall be on file. Attach additional sheets, if needed.

SECTION 6

I certify with my signature that all statements made within this application (Sections 1 through Section 5) are true and accurate. I understand that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient to deny the registration and that I may be subject to the penalty provisions of Borough Code 186-16.

Signature of Landlord or Authorized Representative

Date

SECTION 7

Certificate of Fire Inspection

A Certificate of Smoke Detector/Carbon Monoxide Inspection will need to be completed by the Shrewsbury Fire Prevention Office prior to a change of occupancy or ownership for residential properties. The inspection will include checking for smoke detectors, carbon monoxide detectors, and a fire extinguisher in the kitchen area.

Please call the Fire Prevention Bureau at 732-741-4200 x 117 to schedule an inspection.

The inspection has been completed:

Signature of Fire Marshal/Fire Inspector

Date of Inspection

SECTION 8

Information to be completed by Clerks office:

\$10 fee received (date)_____ check #/cash_____

Square footage of rooms attached and calculated: _____

Occupancy sticker distributed to owner/agent: _____

Signature of Clerk

Date