

**2019 ANNUAL LANDLORD CERTIFICATE OF REGISTRATION**

Landlord registration is required on all rental premises or units used for one-dwelling unit rental or a two-dwelling unit non-owner occupied premises the Landlord Registration Act (N.J.S.A. 46: 8-26 et seq). Within 20 days, the owner must file the appropriate registration statement with the Jackson Township Code Enforcement Office. The filing of this notice to the Code Enforcement office does not acknowledge rental of such property as legal use.

**Must be filed with a fee of \$100.00 with the Jackson Township Code Enforcement Office, 95 W. Veterans Hwy., Jackson, NJ 08527 (mail address) / Physical Office location: 65 Don Connor Blvd.**

**1. Address of Premises Rented** \_\_\_\_\_

**Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Single Family** \_\_\_\_\_ **Two-Dwelling Unit** \_\_\_\_\_

**2. Name, address, phone number of the record owner of premises** (include partners/corporate officers). If the address is not located in Ocean County, the name and address of a person who resides in or has an office in Ocean County that is authorized to accept notices from a tenant and to issue receipts therefore, and to accept services of process on behalf of the record owner.

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Emergency #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**3. Name and address of the managing agent of the premises.**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**4. Name, address** of the superintendent janitor, custodian or other individual employed by the record owner to provide maintenance service. \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**5. Name, address and phone number** of an individual representative of the record owner who may be reached or contacted at any time in the event of an emergency affecting the premises and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith and shall, at all times, have access to a current list of building tenants that shall be made available to emergency personnel as required in the event of an emergency.

\_\_\_\_\_ **Phone** \_\_\_\_\_

**6. Name, address and phone number** of every holder of a recorded mortgage on the premises.

\_\_\_\_\_ **Phone** \_\_\_\_\_

**OVER →**

7. Name and when applicable the unit # of EACH tenant on premises (MUST BE COMPLETED !!!!!)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Fuel Oil. If fuel oil is used to heat the building/premises and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building.

\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

TOTAL SQUARE FOOTAGE OF LIVING SPACE \_\_\_\_\_

**PLEASE ATTACH A FLOOR PLAN OF THE INTERIOR OF THE PREMISES WITH MEASUREMENTS**

**I Certify that the foregoing information provided by me is true & correct. I am aware that if any of the foregoing information is willfully false, I may be subject to punishment.**

\_\_\_\_\_  
Name of Record Owner (Please Print)

\_\_\_\_\_  
Signature of Record Owner

\_\_\_\_\_  
Date

Pursuant to the terms of NJSA 46:8-26 et seq. at the time of filing a Certificate of Registration, the landlord shall provide each occupant or tenant in the premises with a copy of the Certificate of Registration. A copy of this information is also on file with the Jackson Township Code Enforcement Office.

After any change in the information required to be included, every landlord shall file an amended Certificate of Registration within 20 days of the change. Upon filing of an amendment to a Certificate of Registration, the landlord shall provide each occupant or tenant in the premises with a copy of amended Certificate of Registration within 7 days of filing.

Each rental unit shall be inspected upon each change in tenancy or occupancy or where there is no change at least every 3 years. No tenant shall occupy a rental unit where a Continued Certificate of Occupancy (CCO) has not been issued from the Jackson Township Housing Officer.

**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

**CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_**

**DATE FILED \_\_\_\_\_**

**COLLECTED BY \_\_\_\_\_ Maximum Occupancy \_\_\_\_\_**