

WEYMOUTH TOWNSHIP
DWELLING UNIT
RENTAL REGISTRATION FORM
(609) 475-2633

PLEASE TYPE OR PRINT ALL INFORMATION
SCALED FLOOR PLANS MUST BE SUBMITTED WITH APPLICATION

Registration No. _____
Official Use Only
 Check Cash
Date Received: _____
Reviewed By: _____
Date: _____
 Approved Rejected
Reason: _____

DATE SUBMITTED: _____

PROPERTY INFORMATION

BLOCK(S): _____
LOT(S): _____
QUAL: _____
ADDRESS: _____

RECORD OWNER INFORMATION

PLEASE NOTE THAT ALL RECORD OWNERS WHO DO NOT RESIDE IN ATLANTIC COUNTY MUST COMPLETE THE "MANAGER/AGENT" SECTION AND DESIGNATE AN ATLANTIC COUNTY RESIDENT AS MANAGER/AGENT FOR THE PROPERTY.

A. **INDIVIDUAL(S)**
Name _____
Address _____

Phone _____

B. **CORPORATION(S)**
Name _____
Registered Agent's Name _____
Registered Agent's Address _____

Registered Agent's Phone _____

Name of Contact Person (* if different from Agent) _____
Address of Contact Person _____
Phone of Contact Person _____

C. PARTNERSHIP(S)

Name of General Partner(s) _____
Address of General Partner(s) _____
Phone of General Partner(s) _____ (day)
_____ (night)

D. RENTAL BUSINESS

Record Owner Name _____
Name of Rental Business _____
Address of Rental Business _____
Phone of Rental Business _____

MORTGAGE INFORMATION

NAME(S) AND ADDRESS OF LENDER(S) HOLDING MORTGAGE(S) ON PROPERTY:

Lender(s) Name _____
Address of Lender(s) _____
Phone of Lender(s) _____

MANAGER/AGENT/EMERGENCY CONTACT INFORMATION

Name of Manager/Agent _____
Address of Manager/Agent (Must be Atlantic County Resident)

Primary Phone _____ (day)
_____ (night)
Secondary Phone (including beeper, etc.) _____ (day)
_____ (night)

Emergency Contact (if different from Manager/Agent)

Name of Emergency Contact _____
Address of Emergency Contact _____
Primary Phone _____ (day)
_____ (night)
Secondary Phone (including beeper, etc.) _____ (day)
_____ (night)

DWELLING UNIT INFORMATION

Apartment No., Room No. or Other Identifier: _____

Last Date of Certificate of Habitability: _____

Tenant(s) Name(s) _____

Total No. of Rooms in Dwelling Unit: _____

Total No. of Sleeping Rooms*: _____

(*To be identified by number letter on scaled floor plans)

Number of Sleeping Accommodations in each Sleeping Room*

(*Based on Minimum Requirements of 70 S.F. 1 Person or 100 S.F. 2 Persons)

<i>Room</i>	<i>Number of Sleeping Accommodations</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	Yes	No
Is the Dwelling Unit Heated by Oil-Fired Heat?	_____	_____
If yes, Does Landlord Supply Heat?	_____	_____

If yes, State:

Name of Fuel Oil Dealer Servicing Building _____

Address of Fuel Oil Dealer _____

Grade of Oil Used to Heat Building _____

CERTIFICATIONS

The undersigned certifies as follows:

1. Smoke detector(s) for this dwelling unit are in the required places and are operational as of the date of this application.
2. The statements contained within this application are true. If any statement contained herein is willfully false, I am aware that I am subject to punishment.

OWNER/AGENT

BY: _____ (print name above)