

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

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

NAME: 1

NAME: 2

PHONE

ADDRESS (P.O. Box not acceptable)

CITY **STATE** **ZIP CODE**

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

NAME

ADDRESS

APT./ROOM NUMBER **BUILDING NUMBER** **PHONE**

CITY **STATE** **ZIP CODE**

22.
Individual who can authorize emergency repairs and expenditures

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY **STATE** **ZIP CODE**

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

ADDRESS

CITY **STATE** **ZIP CODE**

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