



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
 Telephone Number: 609-633-6225

DATE _____
 REGISTRATION NO.: _____
 RE: _____

NOTICE OF VIOLATION AND ORDER TO REGISTER

Multiple Dwellings, including condominiums and cooperatives, which contain 3 or more units of dwelling space; Hotels which contain 10 or more units of dwelling space or have sleeping facilities for 25 or more persons or, are commonly regarded as a hotel, motor hotel, motel, or established guesthouse in the community in which they are located, and non-profit Retreat Lodging Facilities must be registered with the Bureau of Housing Inspection as required by the Hotel and Multiple Dwelling Law, N.J.S.A. 55:13A-1 et seq.

Bureau records indicates that the above referenced building, owned by you, is subject to these registration requirements.

If this information is correct, you are required by law to file a Certificate of Registration with the Bureau of Housing Inspection, using the attached form, within 30 days of receipt of this notice.

If this information is incorrect, please notify the Bureau immediately.

If any of the information submitted on this form should change, an owner must submit an amended Certificate of Registration within 30 days of such change. No fee shall be charged for the filing of an amended Certificate of Registration, except in the case of a change in ownership wherein the submission of a new Certificate of Registration is required.

Failure to comply with the term of this notice may subject you to immediate entry of a docketed judgment against you, for a penalty in the amount of \$200.00 per building, pursuant to N.J.S.A. 55:13A-12(d).

New Jersey Department of Community Affairs
 Bureau of Housing Inspection
 CERTIFICATE OF REGISTRATION

FOR OFFICE USE ONLY

A fee of **\$10.00** is required for **each** building registered. Please complete and submit this form with the required fee of \$10.00, payable by money order, certified check or cashier's check only, to: N.J. Bureau of Housing Inspection, within 30 days of receipt of this notice.

If your property consists of a complex of buildings, you must complete this **Certificate of Registration** for the first building and a **Supplemental Certificate of Registration** for **each** additional building, and submit with the corresponding fee of \$10.00 for each building registered.

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| | | | |
|--|--|--|--|
| 1. Is This An Amended Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. YEAR CONSTRUCTED _____ month _____ year NOTE: Attach Copy of Certificate of Occupancy if issued after 1/1/1977. [] [] - [] [] [] [] | |
| 2. Previous Registration Number, If Any [] [] [] [] [] [] [] [] [] [] [] [] [] | | 9. LIFE HAZARD Registered as Life-Hazard Use As per Uniform Fire Code <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, DFS Reg. No.: [] [] [] [] [] [] [] [] [] [] [] [] [] [] | |
| 3. BUILDING No.: [] [] [] of [] [] [] TOTAL BUILDINGS | | 10. CONSTRUCTION 1 <input type="checkbox"/> Masonry and Concrete 3 <input type="checkbox"/> Exterior Masonry Wall and Frame 2A <input type="checkbox"/> Hotel 2D <input type="checkbox"/> Dormitory 2B <input type="checkbox"/> Season Hotel 3. <input type="checkbox"/> Retreat Lodging Facility 4 <input type="checkbox"/> Frame | |
| 4. BUILDING USE (mark one) 1. <input type="checkbox"/> Multiple Dwelling 2C. <input type="checkbox"/> Guest House/ Bed & Breakfast 2A. <input type="checkbox"/> Hotel 2D. <input type="checkbox"/> Dormitory 2B. <input type="checkbox"/> Season Hotel 3. <input type="checkbox"/> Retreat Lodging Facility | | 11. DATE OF TRANSFER OF OWNERSHIP _____ month _____ day _____ year [] [] - [] [] - [] [] [] [] | |
| 5. FORM OF OWNERSHIP (mark one) 0 <input type="checkbox"/> Corporation 3 <input type="checkbox"/> Condominium 1 <input type="checkbox"/> Private (Individual or Family) 4 <input type="checkbox"/> Cooperative 2 <input type="checkbox"/> Legal Partnership 5 <input type="checkbox"/> Public Housing Authority 6 <input type="checkbox"/> Limited Liability Company | | 12. TAXES PAID TO: Municipality _____ County _____ | |
| 6. Number of: Dwelling units [] [] [] [] Rooming units [] [] [] [] Total [] [] [] [] | | 7. STORIES [] [] | |
| | | FOR OFFICE USE ONLY <input type="checkbox"/> Transfer <input type="checkbox"/> Initial <input type="checkbox"/> Transfer amended | Lead exempt <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | month day year [] [] - [] [] - [] [] [] [] | Number of lead exempt units [] [] [] [] |

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