



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
 DIVISION OF CODES AND STANDARDS  
 OFFICE OF STATE AND LOCAL CODE INSPECTIONS  
 ELEVATOR SAFETY UNIT

**TRANSFER OF OWNER**

DATE ISSUED:

BUILDING NAME AND ADDRESS:

OWNER NAME AND ADDRESS:

APPLICATION #:

*PRINT or TYPE all information. Application is due 30 days after receipt.  
 Please see attached for instructions and payment information.*

**SECTION I BUILDING INFORMATION**

**PAYMENT AMOUNT ENCLOSED: \$ \_\_\_\_\_**  
 (INVOICE WILL BE MAILED AFTER REGISTRATION IS COMPLETE)

Building Name: \_\_\_\_\_

Building Street Number: \_\_\_\_\_ Building Street Name: \_\_\_\_\_

Building Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Use Group: \_\_\_\_\_ ( see instructions)

**SECTION II: OWNER INFORMATION**

**CORPORATION ONLY:**  
 NJ CORPORATE REGISTRATION NUMBER:  
 \_\_\_\_\_

Owners Name (1): \_\_\_\_\_

Owners Name (2): \_\_\_\_\_

Owners Street Address: \_\_\_\_\_

Owners City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_ - \_\_\_\_\_

Owners Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ownership Type:  Corporate  Individual/Sole Proprietorship  Partnership

(Please Check)  Government-Type \_\_\_\_\_  Other- explain \_\_\_\_\_

**SECTION III: IN STATE AGENT (A New Jersey address is required)**

Agent Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



## ELEVATOR SAFETY UNIT TRANSFER OF OWNER INSTRUCTIONS:

Complete the enclosed application and return within 30 days to:      **Department of Community Affairs**  
**Elevator Safety Unit**  
**P O Box 816**  
**Trenton NJ 08625**

**You are required to pay a registration fee of \$76.00 per building.** You may enclose payment with your application. Make check or money order payable to **Treasurer State of New Jersey. DO NOT SEND CASH.** Please record on the front of application form the payment amount enclosed. If payment is not enclosed you will be billed later.

**Section 1: Building information** – If the building name and address printed on the upper right corner of application form are incorrect please correct in the space provided. **If the building referenced on this form is one of a project, a separate form must be filed for each building within the project.** The space entitled building name should be used to provide a reference. Even if the building has no official name, it may be commonly referred to in some fashion; please indicate either here. If the building is one in a project where individual buildings are identified by either a letters or numbers, use this space to indicate that letter or number (i.e. bldg 1, bldg D). **In the space entitled Building Street Number and Street Name please do not fill in PO Box or RD number but rather the actual location of the building.** In addition, please fill in the municipality and county to which taxes are paid, the lot and block number and the use group classification of the structure for which this form is being submitted. A listing of all use group classifications is provided below for your convenience.

### USE GROUP CLASSIFICATIONS

A1 Assembly- Theater with stage	F-2 Factory & Industrial- Low Hazard	R-1 Residential ( less than 30 days)
A-2 Assembly- Theater without stage	H -1 High Hazard- Detonation	Hotels, Motels, Boarding Homes
Night Club, Dance Hall	H-2 High Hazard – Deflagration	R-2 Residential (more than 29 days)-
A-3 Assembly- Museum, Library	H-3 High Hazard – Combustion, Physical	Multi Family Dwellings, Dormitories
Restaurant, Lecture Hall	H-4 High Hazard – Health	R-3 Residential- 1 & 2 family units
A-4 Assembly- Religious, Church	I-1 Institutional (Residential Care)	5 lodgers or less each
A-5 Assembly- Outdoor, Grandstand,	Supervised residential home for 6+	R-4 Residential- Detached 1 & 2 family
Tent Stadium, Coliseum	I-2 Institutional (Incapacitated)- Medical	Units, up to 3 stories
B – Business use	Nursing Care	S-1 Storage- Moderate Hazard
E – Educational/Day Care	I-3 Institutional (Restrained) – Jail,	S-2 Storage- Low Hazard
F-1 – Factory & Industrial- Moderate	Asylum, Reformatory	U Utility- Accessory buildings
Hazard	M – Mercantile building	Miscellaneous structures

**Section II: Owner Information** – If the owner name, as defined in Section 4 of Subchapter 1 of the Uniform Construction Code, and the owner address printed in the upper left hand corner of the application form is incorrect, please correct in the space provided. If the owner is a corporation, state the corporate name in the space provided for *Owner Name (1)* and the name of the person or department to which future correspondence should be directed in the space provide for *Owner Name (2)*: . In addition, please complete the owner telephone number and indicate ownership type. If the ownership is *Government*, please fill in type of government (i.e. Local, County, State or Federal,) in the space provided. **OWNERS INFORMATION MUST BE A NEW JERSEY MAILING ADDRESS**

**Section III: Contact Information** - Please enter the name, address and telephone number of the person or firm responsible for the maintenance of the building. Such person or firm should have access to the building for future scheduling of periodic inspections.

If you should have any questions or need assistant in completing this application, please contact the Elevator Safety Unit at (609) 984-7833.

Once form is completed you can fax it to 609-984-7084 or email it to [elevatorsafetyunit@dca.nj.gov](mailto:elevatorsafetyunit@dca.nj.gov)



**State of New Jersey**  
DEPARTMENT OF COMMUNITY AFFAIRS  
101 SOUTH BROAD STREET  
PO Box 816  
TRENTON, NJ 08625-0816

**PHILIP D. MURPHY**  
*Governor*

**LT. GOVERNOR SHEILA Y. OLIVER**  
*Commissioner*

Dear Sir/Madam:

Per changes to 5:23-12.4, which was adopted on 7/19/04, all devices that are registered in the state of New Jersey ***MUST HAVE AN OWNER OR OWNER REPRESENTATIVE RESIDING OR HAVE AN OFFICE IN THE STATE OF NEW JERSEY TO ACCEPT SERVICE.***

It is the responsibility of the owner to notify the Department of any changes to the identity, mailing address or phone number of the owner or representative. **ANY CHANGE SHALL BE REPORTED TO THE DEPARTMENT IN WRITING WITHIN 30 DAYS OF THE CHANGE.**

Any questions you can contact this office at 609-984-7833.