



BOROUGH OF PINE HILL

45 West 7th Avenue, Pine Hill, NJ 08021
(856) 783-7400 x 209

For Borough Use Only

Date Rec'd: _____
Registration #: _____
Filing Fee: \$50.00
Cash Check MO
Receipt #: _____

RENTAL REGISTRATION AND LICENSE APPLICATION

PLEASE NOTE: A SEPARATE FORM IS REQUIRED FOR EACH RENTAL UNIT. ALL QUESTIONS MUST BE FULLY ANSWERED AND FEES PAID. FAILURE TO COMPLY WILL RENDER THIS APPLICATION INCOMPLETE AND NOT IN COMPLIANCE WITH ORDINANCE 2016-937: LICENSING OF RENTAL PROPERTIES (AS AMENDED).

A FLOOR PLAN MUST BE ATTACHED TO THIS REGISTRATION FORM. PLAN NEED NOT BE TO SCALE, BUT SIZE OR ROOMS MUST BE PROVIDED BY THE GENERAL ORDINANCES OF THE BOROUGH OF PINE HILL. APPLIES TO NEW REGISTRATIONS ONLY.

PLEASE PRINT

1. Rental Property Location:

Block _____ Lot _____ Street Address _____ Unit # _____
City _____ State _____ Zip _____

2. Name of Tenant(s): _____

3. Name and address of record owner(s) of property. In the case of partnership or corporation, list the names, addresses and phone numbers of all general partners and corporate officers.

Owner Name _____ Street Address _____ City _____ State _____ Zip _____

Owner Phone Number _____ Owner Email Address _____

Record owner is a corporation _____ Record owner is a partnership _____ Neither _____
Corporate/Partnership Information:

Name & Title _____ Street Address _____ City _____ State _____ Zip _____ Phone Number _____

Name & Title _____ Street Address _____ City _____ State _____ Zip _____ Phone Number _____

Name & Title _____ Street Address _____ City _____ State _____ Zip _____ Phone Number _____

CONTINUED ON REVERSE

4. _____ The owner is a resident of Camden County. If the owner is not a resident of Camden County, please provide the name of a person who resides in Camden County who is authorized to accept notices from a tenant, to issue receipts, and to accept service of process on behalf of the record owner.

Name	Street Address	City	State	Zip	Phone Number
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5. Name and address of the agent of the property, if any:

Name	Street Address	City	State	Zip	Phone Number
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6. Name and address of superintendent, custodian, or other individual employed by the owner or agent to provide regular maintenance service, if any.

Name	Street Address	City	State	Zip	Phone Number
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7. Representative of the owner or agent to be contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

Name	Street Address	City	State	Zip	Phone Number
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8. List all holders of recorded mortgages on the property or _____ there is no recorded mortgage.

Name	Street Address	City	State	Zip	Phone Number
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Name	Street Address	City	State	Zip	Phone Number
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9. Fuel Oil: _____ This property is not heated by fuel oil.
_____ This property is heated by fuel oil but the landlord is not responsible for the supply of heat.

Fuel Oil Dealer's Name	Street Address	City	State	Zip	Phone Number
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10. Number of sleeping rooms: _____ Number of bathrooms: _____

11. _____ Enclosed is the floor plan for this unit. (new registrations only)

12. _____ Enclosed is the required registration fee for this property.

13. _____ I am exempt from the registration fee. (This pertains to owner occupied units only.)

I hereby certify that the above information is true to the best of my knowledge, information and belief. I am aware that if the foregoing information supplied is willfully false, I am subject to penalties and criminal prosecution.

Signature of Owner or Owner's Representative

Date

Printed Name of Owner or Owner's Representative