

**BOROUGH OF NATIONAL PARK**

7 South Grove Avenue

National Park, NJ 08063

Phone 856-845-3891 · Fax 856-845-0726 · [www.nationalparknj.com](http://www.nationalparknj.com)

**RENTAL FACILITY AND LICENSE APPLICATION**

Rental Property Location \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

Rental Unit Classification (choose one)

- SFD (single family detached)
- SFA (single family attached)
- DPL (duplex – 2 units)
- TPL (triplex – 3 units)
- QD (quad – 4 units)
- CPL (complex – 5 or more units)
- RH (rooming house)
- CM (commercial units are located in a commercial business structure)

Classification of Rental (choose all that pertain)

- O (location has one or more units occupied by the owner)
- A (tenancy is restricted by age or disability)
- S (rent is subsidized)
- C (unit is located in a structure that has been converted from a non-rental to a rental)
- Z (other)

1. Name and address of record owner(s) of unit. In case of a partnership, list the names, addresses and phone numbers of all general partners. If record owner is a corporation, complete this section with the required information of registered agent and corporate officers.

NAME \_\_\_\_\_

ADDRESS (No PO Box) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

REGISTERED AGENT \_\_\_\_\_

ADDRESS (No PO Box) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

- Record Owner is a corporation
- Record owner is a partnership \_\_\_\_\_

2. If the owner is not a resident of Gloucester County, please provide the name of a person who resides in Gloucester County who is authorized to accept notices from tenants, to issue receipts therefore and to accept service of process in behalf of the record owner.

NAME \_\_\_\_\_

ADDRESS (No PO Box) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

3. Name and Address of Agent of the Unit, if any.

NAME \_\_\_\_\_

ADDRESS (No PO Box) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

4. Name and address, including dwelling unit number of the superintendent, janitor, custodian, or other individual employee employed by the owner or agent to provide regular maintenance service, if any.

NAME \_\_\_\_\_

ADDRESS (No PO Box) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

5. Representative of the owner or agent to be reached or contacted at anytime in the event of an emergency and who has the authority to make emergency decisions.

NAME \_\_\_\_\_

ADDRESS (No PO Box) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

6. Please list all holders of recorded mortgages on this property.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
_____	_____

7. Identify the fuel dealer if fuel oil is used to heat this unit and the landlord furnishes the heat to this unit.

NAME \_\_\_\_\_  
ADDRESS (No PO Box) \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

8. Number of sleeping rooms in this unit \_\_\_\_\_.

9. List the names of all occupants and unit numbers.

_____	_____	_____
_____	_____	_____
_____	_____	_____

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 that I am subject to penalties and criminal prosecution.

DATE \_\_\_\_\_ OWNER \_\_\_\_\_

\*Every person required to file a registration form pursuant to this registration shall file an amended registration form within 20 days after any change in the information required to be included thereon. No fee shall be required for the filing of an amendment except when the ownership of the unit is changed.

\*All questions must be fully answered, fees paid, and all municipal charges satisfied or this application will be considered incomplete.

RENTAL UNIT FLOOR PLAN

Rental Property Location \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

*PLEASE ENCLOSE WITH FLOOR PLAN ALL LENGTH AND WIDTH DIMENSIONS FOR EACH INDIVIDUAL AREA.  
DRAWING NEED NOT BE TO SCALE.*

<b><i>The following to be completed by the Borough of National Park</i></b>			
FEES: \$75. Registration Fee Per Unit \$25. Late Fee \$35. Re-Inspection Fee Fee Exempt (State of NJ property deduction under N.J.S.A. 54:4-8.41)	Payment Amount \$ _____  <input type="checkbox"/> Cash  <input type="checkbox"/> M/O  <input type="checkbox"/> Check    Check # _____  <input type="checkbox"/> Exempt	Date Paid  _____	PROCESSED BY: