## **BOROUGH OF NETCONG**

Morris County, 23 Maple Avenue, Netcong, NJ 07857

## RESIDENTIAL RENTAL FACILITY REGISTRATION APPLICATION

**PURSUANT TO N.J.S.A. 46:8-28 and BON 228-8** 

*Please read all Instructions/Requ Rental Property Address:	uirements & Answer ALL Que	stions or Designate N/A	A (Not Applicable)
Unit Number:	Block:	Lot:	
Owners Name:		·	
Address:			
Home Phone #:	Work Phone #:	Mobile Ph	none #:
Owners Email Address:		I	
Partnership Information (If Ap	plicable):		
Name	Address	<u> </u>	24 Hour Phone #
Corporation Information (If Ap	onlicable):		
Registered Agent:	pricuote).		24 Hour Phone #:
Address (No PO Box):			
Manager/Local Contact Inform information of an individual that therefore and accept/contract serv	you have authorized for accept	ance of notices from te	
Name	Pho	ne#	
Address:			
	ss, City, State, Zip Code (Not I	P.O. Box)	
Email Address:			
Superintendent/Janitor/Custod	i <b>an or Other Individual</b> to Pr	ovide Regular Mainten	ance Service:
Name	Photographic Photo	ne#	
Address:Addres			
Addres	ss, City, State, Zip Code (Not I	P.O. Box)	
Email Address:			

Utilities Information (If fuel oil is used to heat the building and the landlord furnishes the heat in the Fuel Oil Dealer Phone#	ne	uns tental property).	lers of recorded mortgages on	an company noiders	ortgage Holder Information (List
Fuel Oil Dealer	Phone			Name	
Fuel Oil Dealer					
Fuel Oil Dealer					
Fuel Oil Dealer					
Address:	e building):	es the heat in the build	lding and the landlord furnishe	ed to heat the building	<b>cilities Information</b> (If fuel oil is us
Address, City, State, Zip Code (Not P.O. Box)  Grade of Fuel Oil Used  Number of Sleeping Rooms in this Unit			Phone#		ıel Oil Dealer
Number of Sleeping Rooms in this Unit					
(In order to satisfy the requirements of this provision, an owner shall submit a floor plan which shall part of the application, and which shall be attached to the registration form)  Rental Agency Information: Name			de (Not P.O. Box)	•	
Rental Agency Information: NamePhone#  Address:Address, City, State, Zip Code (Not P.O. Box)  Tenant(s) Occupying Rental Unit:  Name Age Address Dwelling  Use additional sheets if necessary.  Lead-Based Paint Information Pursuant to N.J.A.C. 5:28A (if constructed before 1978):  Year Dwelling was Constructed Inspection Date					
Name	become a	lan which shall becom	-		• •
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Leau Evaluation Contractor Inspection Type		n Truno		_	•
		п туре	inspection		
Exemption Status (Check One):					<b>xemption Status</b> (Check One):
Lead-Free Certificate Rented Fewer than Six Months Annually			an Six Months Annually	Rented Fewer than	ead-Free Certificate
Lead-Safe Certificate 10+ Years Registration with No Lead Based Paint Violations  Attach all certifications or proof of other exemption criteria	s	Paint Violations		U	
<b>Owner/Agent Certification:</b> I hereby certify that all the above information is true to the best of my k and belief, I am aware that if the foregoing information is willfully false, that I am subject to penaltic criminal prosecution.		•		•	d belief, I am aware that if the fore
Owner/Agent Signature(s):  Date:		Date:			11 10 1 ()