Application for Building Registration for Rental

The following information is required by Borough of Matawan Ordinance #03-010 for registration of a building used for rental. INCOMPLETE, NONLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE PRINT – USE BALL POINT PEN Registration Date: Block: Lot: Registration No.:_____Application No:_____State No.:____ How many rental units are in this building:______Has any unit(s) in this building been upgraded? ☐ Yes ☐ No If you answered Yes, please explain which units. What upgrades were done? ANY Changes from last Registration for this building? ☐ Yes ☐ No Make changes only Address: ____Other:_____ Garage (s) Parking Space (s) RR Rental Parking:

Yes
No How many? Size of parking lot: _____X____ Total amount of cars in lot_____ Utilities: Heating System □ oil □ gas □ electric □ propane Type: □ HW □ HA □ Steam □ Radiant □ Baseboard Utilities: Paid by: ☐ Tenant ☐ Owner Heating System Location: ☐ Basement ☐ Other:_____ _____Tenant access:

Yes

N Electric Panel Location:

Basement
Other: Address: Oil Company:_____ Size of Tank: _____Tank Location:____ Tel. No.: Underground: ☐ Yes ☐ No Propane Tank Supplier: Heating System certified: ☐ Yes ☐ No Certificate attached: ☐ Yes ☐ No If No, Why? Owner's Name: _____Street Address: _____ Zip Code:____ City: State: Telephone No.:______Fax No.:_____ Cell Phone No.:_______Beeper No.:_____ Street Address:____ Alternate Mail: Name:_____ City:_____State:_____Zip Code:_____ Telephone No.:_____Fax No.:_____ **Emergency Contacts:**
 Name:
 Street Address:

 City:
 State:
 Zip Code:

 Apt. No.:
 Beeper No.:
 Name:_____Street Address:_____ State: Zip Code: Apt. No.: Telephone No.: Beeper No.: Street Address:_____Zip Code:_____ Name: City:_____ Telephone No.:_____ Beeper No.:____ Apt. No.:____

Managing Agent: Name:				On L	On Location: ☐ Yes ☐ No	
Street Address:City:			State:Zip Code:			
Apt. No.:	_Telephone No.:		I	Beeper No.:		
In-County Agent: Nam	e:		Street Ac	ldress:		
City:	(County:	S	tate:	_ Zip Code:	
Telephone No.:	Beeper No.:			Fax No		
Mortgage Holder: Nam	ne:		Street	t Address:		
City:	State:	Zip Code:	Tel.No	0.:	Ext	
Contact Person:						
Insurance Co. Name:			Contact Pe	erson:		
Street Address:		City		State:	Zip Code:	
Tel.No.:		Ext	Policy Number:			
Policy enforced to:						
Laundry Location:			Pool? Ye	es 🗆 No 🛮 In Gr	ound Above Ground	
Size:	Loca	ation:				
Smoke Detectors:	Yes □ No		Ca	arbon Dioxide Dete	ctors:	
Fire Alarm System: Co	entral station:	Yes □ No	Se	elf inspected: Yes	□ No	
Name of Fire Alarm Co.			Street Addr	ess:	***************************************	
City:	State:	Zip	Code:	Telepone	No.:	
Service Contract: Ye	es 🗆 No Ser	vice contract Date:_		From:	To:	
Building Floor Plans St	ıpplied: 🗆 Yes	□ No	If No, Why?			
FOR OFFICE USE ONLY	<u>Y</u>				<u> </u>	
All fees paid to date: Regi	stration: Yes	□ No Amount:	Paid by:			
Check No.	Person m	aking application fo	r registration:			
Street Address:Zip Code:		City:		State:		
Zip Code:		Telephone No.:				
Application received and cl	hecked by:		Date:			
Application received by Ho	ousing: Date:		By:			
Date information entered into the Computer			By:	By:		
White: Housing-Yellow: B	orough Clerk- Pir	ık: Applicant				

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