



**BOROUGH OF MATAWAN
FIRE PREVENTION BUREAU**



APPLICATION FOR LANDLORD REGISTRATION

The Following information is required by Borough of Matawan Ordinance #03-010 for registration of all rentals. Incomplete, non-legible applications will NOT be accepted.

BLOCK: _____ **LOT:** _____ **REGISTRATION DATE:** _____

REGISTRATION# _____ **INSPECTION#** _____

OWNER OF RENTAL PROPERTY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE** _____ **PHONE#:** _____

CELL# _____ **EMAIL:** _____

HOW MANY RENTAL UNITS? _____ **HAS ANY UNIT BEEN UPGRADED?** _____

IF YOU ANSWERED YES, PLEASE EXPLAIN WHICH UNITS AND WHAT HAS BEEN UPGRADED: _____

ADDRESS OF RENTAL UNIT(S) _____

GARAGE? _____ **PARKING SPACE?** _____

UTILITIES: TYPE OF HEAT USED _____

UTILITIES PAID BY TENANT OR OWNER? _____

HEATING SYSTEM LOCATION? _____ TENANT ACCESS? _____

ELECTRICAL PANEL LOCATION? _____ TENANT ACCESS? _____

OIL/FUEL COMPANY _____ ADDRESS _____ TEL.NO. _____

SIZE OF TANK _____ TANK LOCATION _____

HEAT CERT. REQUIRED FOR ALL RENTALS. ATTACH HEAT CERTIFICATE FOR UNIT

EMERGENCY CONTACTS

EMERGENCY CONTACT: _____ **ADDRESS:** _____

PHONE#: _____ **CELL#:** _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **ADDRESS:** _____

PHONE#: _____ **CELL#:** _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **ADDRESS:** _____

PHONE#: _____ **CELL#:** _____ **EMAIL:** _____

MANAGING AGENT

NAME: _____ **ADDRESS:** _____ **PHONE:** _____

CELL: _____ **EMAIL:** _____ **IN COUNTY? Y__N__**

MORTGAGE HOLDER

NAME: _____ **ADDRESS:** _____

PHONE#: _____ **CONTACT PERSON:** _____ **EXT#:** _____

INSURANCE COMPANY

NAME: _____ **ADDRESS:** _____

PHONE#: _____ **CONTACT PERSON:** _____ **EXT:** _____

POLICY#: _____ **POLICY ENFORCED TO:** _____

LAUNDRY LOCATION: _____

POOL ON PREMISES? _____ TYPE OF POOL: _____

SIZE: _____ LOCATION: _____

SMOKE DETECTORS? Y ___ N ___ CARBON MONOXIDE DETECTORS? Y ___ N ___

FIRE ALARM SYSTEM TYPE: _____

NAME OF FIRE ALARM COMPANY: _____ ADDRESS: _____

PHONE#: _____ EMAIL: _____

FLOOR PLANS FOR RENTAL UNIT(S) REQUIRED FOR FILE.

FOR OFFICE USE ONLY

ALL FEES PAID TO DATE: REGISTRATION: Y ___ N ___ AMOUNT: _____ PAID BY: _____

CK# _____ PSN# _____ OTHER: _____

PERSON MAKING OUT APPLICATION FOR REGISTRATION: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE#: _____ CELL: _____

EMAIL: _____

APPLICATION RECEIVED AND CHECKED BY: _____ DATE: _____

HEATING SYSTEM & HOT WATER HEATER CERTIFICATION

DATE _____

ADDRESS OF PROPERTY _____

BLOCK _____ LOT _____

OWNER OF PROPERTY _____

COMPANY CERTIFYING HEATING & HOT WATER HEATER _____

ADDRESS _____

TELEPHONE # _____

THIS IS TO CERTIFY THAT A QUALIFIED TECHNICIAN FOR THE ABOVE NAMED COMPANY HAS INSPECTED THE HEATING SYSTEM AND HOT WATER HEATER AT THE ABOVE CAPTIONED ADDRESS.

The above system has _____ Passed _____ Failed

_____ Tested existing heating unit under operating conditions for work, defective and missing parts; including all lines, ducts, thermostats, fuel tank, convectors, radiators, valves, grilles, gauges, registers, fittings, dampers and flue. Check flue for gas leaks (carbon monoxide and sulfur dioxide). Flue meets code and clearance requirements for this type of heating unit and hot water heater. The system is capable of providing at least 65 degrees inside temperature when outside is zero degrees.

_____ Check here if the above system was not in good and safe operating condition at the time of inspection and itemize below all parts and/or replacements which would be necessary to put in good and safe operating condition, including any repairs to the system.

MODEL # _____
SERIAL # _____
MAKE _____

Technician _____ Date _____

Borough of Matawan Fire Prevention Bureau
Application for Rental Certificate of Continued Occupancy

The following information is required by Borough of Matawan Ordinance #17-3 for rental.
INCOMPLETE, NONLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED.

Date: _____ Inspection #: _____

Address: _____ Complex: _____

Block: _____ Lot: _____ Other: _____ Unit No: _____

Number of Bedrooms: _____

Names of tenants on lease: **EMAIL:** _____

A. _____ Age: _____ Gender: _____

B. _____ Age: _____ Gender: _____

Tenant Telephone No: _____ Cell No: _____

1. Child Name: _____ Age: _____ Gender: _____

2. Child Name: _____ Age: _____ Gender: _____

3. Child Name: _____ Age: _____ Gender: _____

4. Child Name: _____ Age: _____ Gender: _____

5. Name: _____ Age: _____ Gender: _____ Relationship: _____

6. Name: _____ Age: _____ Gender: _____ Relationship: _____

Handicapped: _____ Life Support: _____
Who: _____

Copy of lease submitted: _____ If No, Why: _____

Total number of occupants for this rental is (Not to exceed double # of BR): _____

All fees paid to date: Registration _____ **CCO inspection**

Paid by: _____ Check No: _____ Cash

Inspection Date Requested: _____ Requested by: _____

Requestor Address: _____

Requestor Telephone Number: _____ Application Received by: _____

FOR OFFICE USE ONLY:

Application received by FPB Date: _____ By: _____

Reg. No.: _____ Inspection No: _____

Property Inspected by: _____ Date: _____

Inspection Approved: _____ Date: _____ Re-Insp. Approved: _____ Date: _____

Inspector Time: _____ Permitted occupant for this unit is: _____