

RENTAL UNIT INSPECTION APPLICATION
Plumsted Township

****In accordance with the Plumsted Township Ordinance 2003-13, for every initial occupancy each rental unit must be inspected and every 2 years thereafter.**

PROPERTY NAME: (Address) _____
Block _____ Lot _____

Record Owner: Name _____
Address _____

Agent (if applicable): _____
Phone #'s _____ cell# _____
Email _____

Type of Occupancy: Initial _____ Renewal _____ New Tenant _____

Tenant Information: Date Occupied _____
Name _____
Phone # _____
Cell# _____

Office use Only

Each Unit must have:

- _____ 1. Landlord Registration Statement...Completed and signed by clerk's office/Notary. Every 2 years regardless of tenant change.
- _____ 2. Water Analysis/Certification...valid for 5 years unless a change of tenant occurs at 2 year registration point. ** Not necessary for city water**
YEAR OF LAST CERT. _____ CITY _____
- _____ 3. Heater Certification...valid for 30 days signed by a licensed contractor.
not necessary for ALL electric heat
Contractor's License Number _____
- _____ 4. Completed Rental Inspection Application
- _____ 5. Inspection fee \$125.00 per unit Check _____ Cash _____
- _____ 6. Taxes Paid to Date
- 7. In Accordance with N.J.S.A. 4:19-1 and Plumsted Township Ordinance 4-4;

All dogs must be licensed every year.

I have informed my tenants of this Ordinance. _____ (initial)

Date of Inspection _____ Appointment Time _____
Re-Inspection _____ Pd. _____ Time _____

Inspector's Signature of Approval

Date

HEATING SYSTEM CERTIFICATION

Contractors Name: _____

Address: _____

THIS IS TO CERTIFY THAT A QUALIFIED TECHNICIAN EMPLOYED BY THIS FIRM HAS CAREFULLY INSPECTED THE HEATING SYSTEM OF THE DWELLING LOCATED AT:

Inspected Address: _____

- () Tested existing heating unit under operating conditions for worn, defective and missing parts; including all lines, ducts, thermostats, fuel tank, convectors, radiators, valve, grilles, gauges, registers, fitting, dampers, and flue. Checked for gas leaks (Carbon monoxide and sulphur dioxide). Flue meets code and clearance requirements for this type of heating unit.
- () The system is properly installed and is in good and safe operating condition, and with normal maintenance it is reasonably expected to continue to do so. The system is capable of providing at least 68 degrees inside temperature when outside is at zero degrees.

ALL SYSTEMS SHALL BE LEFT PROTECTED AGAINST FREEZING IF THE HEATING SYSTEM WILL BE DE-ACTIVATED UPON CONCLUSION OF THE TESTS.

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

ITEMS

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee or other party involved in the transaction. I further certify that I am authorized to execute this certification on behalf of the company listed below.

COMPANY: _____ DATE: _____

SIGNATURE: _____ PRINT NAME: _____

LICENSE NO.: (REQUIRED) _____ SEAL

TOWNSHIP OF PLUMSTED
121 EVERGREEN ROAD
NEW EGYPT, NJ 08533
(609) 758-2241 ext. 106

LANDLORD REGISTRATION STATEMENT

1. NAME-ADDRESS-PHONE # OF RECORD OWNER: _____
2. IF OWNER IS A CORPORATION, NAME-ADDRESS-PHONE # OF REGISTERED AGENT AND CORPORATE OFFICERS: _____
3. NAME-ADDRESS-PHONE # OF PERSON AUTHORIZED TO ACCEPT NOTICES FROM TENANTS AND ISSUE RECEIPTS THEREOF AND TO ACCEPT SERVICE OF PROCESS ON BEHALF OF RECORD OWNERS NOT RESIDENTS OF COUNTY: _____
4. THE NAME-ADDRESS-PHONE # OF MANAGING AGENT OF THE PREMISES: _____
5. NAME-ADDRESS-PHONE # OF INDIVIDUAL EMPLOYEES TO PROVIDE REGULAR MAINTENANCE SERVICE: _____
6. NAME-ADDRESS-PHONE # OF INDIVIDUAL WHO MAY BE REACHED OR CONTACTED AT ANY TIME IN THE EVENT OF EMERGENCY AND WHO HAS AUTHORITY TO MAKE EMERGENCY REPAIRS (EMERGENCY IS DEFINED AS LOSS OF UTILITIES, HEAT, WATER OR OTHER ESSENTIAL SERVICE): _____
7. NAME-ADDRESS-PHONE # OF MORTGAGEE: _____
8. HAS A COPY OF THIS REGISTRATION BEEN PROVIDED TO EACH TENANT:
YES _____ NO _____
9. HAS A COPY OF THIS NOTICE BEEN POSTED ON PREMISES IN A CONSPICUOUS PLACE?
YES _____ NO _____
10. ADDRESS OF PREMISES: _____
BLOCK _____ LOT _____
11. REGISTERED WITH PLUMSTED TOWNSHIP TAX COLLECTOR: DATE: _____
12. IF FUEL OIL IS USED TO PROVIDE HEAT TO THE BUILDING AND FURNISHED BY OWNER, NAME AND ADDRESS OF FUEL OIL DEALER AND GRADE: _____
13. DATE OF LAST RENTAL INSPECTION: _____
14. DATE OF LAST SMOKE DETECTOR INSPECTION: _____

DATE: _____

RECORD OWNER

REGISTERED AGENT

FILED WITH TOWNSHIP CLERK: _____ DAY OF _____ 20 _____

DOROTHY J. HENDRICKSON, RMC, MUNICIPAL CLERK
NADENE CICERO, DEPUTY MUNICIPAL CLERK

REF: TRUTH IN RENTING ACT-STATE OF NEW JERSEY (NJSA 46:8-43 THRU 49) 1976 / LANDLORD IDENTITY LAW (NJSA 46:8-27)