



Registration Number: _____

CODE ENFORCEMENT

Located in Borough Hall, Basement Level, In the Building Department

2023

Annual Registration & Inspection of all two-family structures and non-owner-occupied Single-family structures
(Ord. NO. 03-2307)

\$50.00 PER RENTAL UNIT

Property Address: _____

Block: _____ Lot: _____ Condo: () One Family: () Two Family: () (Please check one)

PROPERTY OWNER INFORMATION:

Name: _____ Phone Number: _____

If LLC, please provide contact name: _____

Address: _____

E-mail Address: _____

Emergency Contact Number: _____

Senior: () Veteran: ()

Check here if you are receiving a Senior Citizen or a Veteran property tax deduction.

As per FHA regulations you are not required to disclose any personal tenant information on this form. If you are the owner and your family reside at this address, please check off "OWNER" in the unit number you reside in. If your unit or units are occupied by, family non owners, or unrelated tenants, please check off "TENANT". If your property is co-owned on your deed and you both occupy your home, please check off "OWNER" and "OWNER".

Occupants of Unit #1: () TENANT () OWNER

Occupants of Unit #2: () TENANT () OWNER

OVER

DESCRIPTION OF PROPERTY

(Please use numbers when completing quantities in locations below)

	Basement	1 st Floor	2 nd Floor	3 rd Floor
Kitchens	()	()	()	()
Bathrooms	()	()	()	()
Bedrooms	()	()	()	()

NO ROOM RENTALS OR ADDITIONAL DWELLINGS PERMITTED

DEADLINE FOR REGISTRATION IS Feb 28, 2023 AFTER WHICH TIME, FINES MAY BE ASSESSED

**Please call for a required inspection date and time;
201-387-4055 extension 4151**

AFFIDAVIT OF OWNER

The owner of said property does hereby attest that all answers provided in this application are true and that whenever a change in occupancy occurs during the annual registration period, it shall be reported immediately so that all records shall be current.

Date: _____

Owner's Signature

**Sworn to and subscribed before me on
This _____ day of _____ 2023**

NOTARY PUBLIC STATE OF NEW JERSEY

Date Received: _____

Check Number: _____

Check if Paid in Cash: ()