



City of Lambertville

18 York Street
Lambertville, NJ 08530

ne: 609-397-0110 \* Fax: 609-397-2203 \* Website: www.lambertvillenj.org

NEW: \_\_\_ RENEWAL: \_\_\_ DATE RECEIVED: \_\_\_\_\_

Landlord Registration Application

N.J.S.A. 46:8-26

City Ordinance, Chapter 10, Section 10-7, last amended October, 2010.

This application is to register a building within the City of Lambertville containing dwelling units for rental. It is submitted by the Landlord pursuant to Chapter 10, Section 10-7 of the Revised General Ordinances of the City of Lambertville. This is an annual application due March 1 of each year. The fee is \$50. There is a late fee imposed of \$50 for all applications received after April 1.

SECTION 1 - INFORMATION REGARDING THE RECORD OWNER

Name and address of the record owner(s) of the premises and the record owner(s) rental business if not the same person.

NAME OF RECORD OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RECORD OWNER'S DAY PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

RECORD OWNER'S EVENING PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

SECTION 2 - EMERGENCY CONTACT INFORMATION

If the address of any record owner is not located in the county in which the premises are located, the name and address of a person who resides in the county in which the premises are located and is authorized to accept notices from a tenant and to issue receipts therefore and accept service of process on behalf of the record owner.

NAME OF EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT'S DAY PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT'S EVENING PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

SECTION 3 - MANAGING AGENT

The name and address of any managing agent, if any.

NAME OF MANAGING AGENT CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MANAGING AGENT'S DAY PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

MANAGING AGENT'S EVENING PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

**SECTION 4 – SUPERINTENDENT, JANITOR, CUSTODIAN**

*The name and address, including the dwelling unit, apartment or room number, of the superintendent, janitor, custodian or other individual employed by the record owner or managing agent to provide regular maintenance service, if any.*

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 5 – REPRESENTATIVE OF RECORD OWNER OR MANAGING AGENT**

*The name, address and telephone number of managing agent who may be reached or contacted at any time in the event of any emergency affecting the premises or any unit of the dwelling space therein, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repairs thereto or expenditure in connection therewith.*

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 6 – RECORDED MORTGAGE**

*The name and address of every holder of a recorded mortgage on the premises.*

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 7 – FUEL OIL**

*If fuel oil is used to heat the building and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used.*

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 8 – AMENDMENTS**

*Landlords are required to file an amended certificate of registration within twenty (20) days of the change, including change in tenant, increase or decrease in the number of tenants, changes in ownership, emergency contact information, etc.*

By initialing this application, I understand the requirement for amendments. \_\_\_\_\_ (initials).

**SECTION 9 – DWELLING UNITS**

*Please complete the information listed below for each dwelling unit.*

Number of Dwelling Units at this property address: \_\_\_\_\_

**9A:** Dwelling Unit Number: \_\_\_\_\_ Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet): \_\_\_\_\_

Total Number of rooms for sleeping purposes: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_

Gross floor area for each room for sleeping purposes: \_\_\_\_\_

Number of tenants: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_

Gross floor area for each room for sleeping purposes: \_\_\_\_\_

Number of tenants: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_

Gross floor area for each room for sleeping purposes: \_\_\_\_\_

Number of tenants: \_\_\_\_\_

Total number of tenants: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Zoning Officer’s Review Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments:  In compliance  Violations Issued

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9B:** Dwelling Unit Number: \_\_\_\_\_ Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet): \_\_\_\_\_

Total Number of rooms for sleeping purposes: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_

Gross floor area for each room for sleeping purposes: \_\_\_\_\_

Number of tenants: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_

Gross floor area for each room for sleeping purposes: \_\_\_\_\_

Number of tenants: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_  
Gross floor area for each room for sleeping purposes: \_\_\_\_\_  
Number of tenants: \_\_\_\_\_

Total number of tenants: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Zoning Officer's Review Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Comments: \_\_\_ In compliance \_\_\_ Violations Issued

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9C:** Dwelling Unit Number: \_\_\_\_\_ Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet): \_\_\_\_\_  
Total Number of rooms for sleeping purposes: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_  
Gross floor area for each room for sleeping purposes: \_\_\_\_\_  
Number of tenants: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_  
Gross floor area for each room for sleeping purposes: \_\_\_\_\_  
Number of tenants: \_\_\_\_\_

Bedroom Number: \_\_\_\_\_  
Gross floor area for each room for sleeping purposes: \_\_\_\_\_  
Number of tenants: \_\_\_\_\_

Total number of tenants: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Zoning Officer's Review Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Comments: \_\_\_ In compliance \_\_\_ Violations Issued

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 10 – LANDLORD CERTIFICATION**

*Penalties for submitting false information, documentation or identification in connection with the Landlord Registration Application are as follows: First Offense: \$250, Second Offense: \$1225 and each offense thereafter \$3,000. In all cases, court fees will be assessed for each offense. Any person who submits a false certification or documentation shall be subject to criminal prosecution, in addition to the penalties outlined in Section 10-7.11. In addition to the foregoing, a certificate of occupancy that is issued on the basis of information or documentation that is knowingly false or fraudulent when made, shall be subject to the revocation pursuant to and in accordance with Chapter X, Section 10-7 of the Revised General Ordinances of the City of Lambertville.*

*Furthermore, I certify that in accordance with the New Jersey Uniform Fire code 5:702-3: One or two family dwelling units are required to obtain a certification when the structure is sold, leased, or otherwise made subject to a change in occupancy for residential purposes; said units have working smoke detectors/carbon monoxide alarms and fire extinguishers.*

I, \_\_\_\_\_ (insert name), hereby certify, in lieu of oath, that the foregoing statements made by me are true, full and perfect answers to each of all said questions. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to the fines, penalties and prosecution.

\_\_\_\_\_  
Record Owner

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

If this is being filed on behalf of a Corporation, LLC, or if the title is held by multiple recorded owners, this statement must be printed and signed by each recorded owner.

**NOTARY SEAL IS REQUIRED.**

County of \_\_\_\_\_

State of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Print Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Seal)