



**CITY OF EGG HARBOR**  
**Code Enforcement**  
**500 London Avenue**  
**Egg Harbor City, NJ 08215**  
**609-965-1616**

For Official Use Only:  
 Date Approved: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Cash  Check # \_\_\_\_\_  
 Received By: \_\_\_\_\_

**APPLICATION FOR AN ANNUAL HOUSING INSPECTION AND HOUSING PERMIT**  
 Egg Harbor City Municipal Code: Section 161-2  
**PLEASE COMPLETE THIS APPLICATION AND RETURN PROMPTLY WITH YOUR PAYMENT.**

DATE: \_\_\_\_\_

**SECTION 1 – RENTAL PROPERTY INFORMATION**

Rental Property Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_ Total # of Residential Rental Units in the building (including one listed above): \_\_\_\_\_

Does Property Owner reside in one of the units?  Yes  No

**SECTION 2 – PROPERTY OWNER INFORMATION**

Check:  Individual  Partnership\*  Corporation *\*If a Partnership, provide information for ALL partners (use additional sheets if necessary)*

Record Owner of Premises: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Record Co-Owner of Premises: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**If Owner is a Corporation, please provide:**

Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Mail Rental Correspondence to:**

Has the Property Owner previously held a Residential Rental Registration in Egg Harbor City?  
 If Yes, has that registration ever been revoked or suspended?

Owner  Agent  
 Yes  No  
 Yes  No

**SECTION 3 – PROPERTY MANAGER OR LOCAL AGENT (if applicable per Ordinance)**

Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Manager/Agent Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 4 – RENTAL PROPERTY SPECIFICATIONS**

Year of Construction: \_\_\_\_\_ # of Stories: \_\_\_\_\_ What floor is this unit on? \_\_\_\_\_  
Total sq. footage of rental property: \_\_\_\_\_ sq. ft. - As specified in NJAC5:10-22.3(a)  
Total # of Sleeping Rooms: \_\_\_\_\_

Sq. Ft.	# of Sleeping Accommodations	Sq. Ft.	# of Sleeping Accommodations
Sleeping Room 1: _____	_____	Sleeping Room 4: _____	_____
Sleeping Room 2: _____	_____	Sleeping Room 5: _____	_____
Sleeping Room 3: _____	_____	Sleeping Room 6: _____	_____

\*\* "Sleeping Accommodations" =# of people each room may accommodate for sleeping, as specified in NJAC 5:10-22.3(d)

Floor plan of rental property (to scale) attached?  Yes  No  
(A copy of the Residential Rental Unit floor plan (to scale) must be attached; each area must be labeled for its intended use and contain the total square footage of all spaces contained in the rental unit. All common areas must be identified as such.)

- Does property Owner furnish heat in this rental property?  Yes  No  
1a. If you answered "Yes" to Question #1, what type of fuel is used for heat? \_\_\_\_\_
- What type of fuel is used for appliances? \_\_\_\_\_
- What type of fuel is used for heat? \_\_\_\_\_

If you answered "Fuel Oil" to any of the questions above, please provide:

Fuel Oil Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Grade of Fuel Oil used: \_\_\_\_\_

**SECTION 5 – TENANT (LESSEE) INFORMATION**

# of Lessees: \_\_\_\_\_ (A "Lessee" is a person or persons whose signature appears on the Rental Property lease)  
Tenant/Lessee: \_\_\_\_\_  
Co-Tenant/Lessee: \_\_\_\_\_  
Co-Tenant/Lessee: \_\_\_\_\_

**SECTION 6 – ADDITIONAL TENANT (NON-LESSEE) INFORMATION**

Please list all additional Tenants residing at this rental property AGE 18 AND OVER:

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

Please indicate # of children residing at this rental property AGE 17 AND UNDER:

# of Children: \_\_\_\_\_

**SECTION 7 - CERTIFICATION**

By signing below, I certify that to the best of my knowledge and belief that the statements contained in this application are true and correct; and I further certify that to the best of my knowledge and belief that the unit for which the Housing permit is being applied for, is in compliance with Egg Harbor City Developmental Ordinance, Chapter 170, the Housing Code and/or the UCC Code, the Uniform Fire Code of the State of New Jersey and/or the International Property Maintenance Code.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Co-Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Fire Prevention Official: \_\_\_\_\_ Date: \_\_\_\_\_