



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: _____

HOUSING PERMIT APPLICATION

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 name and address for ALL partners, use additional sheet if needed)

Record Owner of Premises: _____ Record Co-Owner of Premises: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Daytime Phone: _____ Daytime Phone: _____

Evening Phone: _____ Evening Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If Owner is a Corporation, LLC or partnership, please provide:

Contact person: _____ Registered Agent: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Daytime Phone: _____ Daytime Phone: _____

Evening Phone: _____ Evening Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If a corporation or LLC, please provide names and addresses for all corporate officers or members.

Has the Property Owner previously held a Landlord Registration Certificate in Egg Harbor City? _____
If yes, has that registration ever been revoked or suspended? _____

Name and Address of person who is paying the property taxes and water/sewer charges:

Please provide a copy of the Federal Lead Based Paint Disclosure Form if applicable.

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

Company Name and Address: _____

Contact Person: _____

Manager/Agent Name and Address: _____

Email: _____

Phone/cell number: _____

SECTION 4-RENTAL PROPERTY SPECIFICATIONS

Year of Construction: _____ # of Stories: _____ what floor is this unit on? _____

Total square footage of rental property: _____

Total # of Sleeping Rooms: _____

Sq. Feet:	# of Sleeping Accommodations	Sq. Feet:	# of Sleeping Accommodations
Sleeping Room 1: _____	_____	Sleeping Room 1: _____	_____
Sleeping Room 2: _____	_____	Sleeping Room 2: _____	_____
Sleeping Room 3: _____	_____	Sleeping Room 3: _____	_____

Kitchen _____ yes _____ no

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).

1. 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? _____
2. What type of fuel is used for appliance? _____
3. 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 Oil used: _____

4. Recorded Mortgage-name and address of lender: _____
5. Name and address of person to provide regular maintenance to site: _____

6. Type of fire suppression system on site: _____
7. Copy of Current Certificate of Continued Occupancy, if any: _____
8. Copy of State of New Jersey Bureau of Housing or Department of Community Affairs Certificate, if any: _____

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: _____

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 City Official: _____ Date: _____

NOTICE: There is an updated Ordinance # 3-2022 on line on the Egg Harbor City Website dealing with changes to the Housing Permits/Landlord responsibilities/ along with a new Fee Structure with enhanced penalties for late payments.

HOUSING PERMIT FEE SCHEDULE:

- | | |
|--|-------------------|
| 1. 1-7 non owner occupied units at one location. | \$125.00 per unit |
| 2. 8-25 non owner occupied units at one location. | \$100.00 per unit |
| 3. 26 or more non owner occupied units at one location | \$75.00 per unit |

INSPECTION FEE SCHEDULE:

- | | |
|--|-------------------|
| 1. Initial & 1 st Re-inspection | No Fee |
| 2. 2 nd Re-inspection | \$50.00 per unit |
| 3. 3 rd Re-inspection | \$75.00 per unit |
| 4. 4 th Re-inspection | \$100.00 per unit |

LATE FEES:

1. If any fee not paid within 15 days of due date there will be a \$25.00 late fee assessed.
2. If any fee not paid within 30 days an additional late fee of \$50.00 will be assessed.