



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**

**\*\*\*SEE SEPARATE ATTACHMENTS REGARDING STATE MANDATED INSURANCE & LEAD PAINT REQUIREMENTS\*\*\***

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

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
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If yes, has that registration ever been revoked or suspended?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- LIABILITY INSURANCE**

- a. Name of Insurance Company: \_\_\_\_\_
- b. Dates of coverage: \_\_\_\_\_
- c. Limits of Insurance: \_\_\_\_\_

**Section 8- Lead Safe/ Lead Free Certification**

- a. Name and address of entity that performed the inspection:  
\_\_\_\_\_  
\_\_\_\_\_
- b. Date of Inspection: \_\_\_\_\_

**SECTION 9-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:**

		<b># UNITS</b>	<b>TOTAL</b>
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	_____	\$ _____

**STATE MANDATED FEES: (See attachments)**

1. Certificate of Liability Insurance Fee	\$50.00 per property	_____	\$ _____
2. Lead Free Certification (where applicable)	\$20.00 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.		_____	\$ _____

**TOTAL FEE SUBMITTED: \$ \_\_\_\_\_**

**INSPECTION FEE SCHEDULE:**

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

**ENCLOSURES**

Please make certain that you have enclosed the following items.

ENCLOSURES	CHECK IF ATTACHED	OFFICE USE ONLY
<b>Completed Application</b>		
<b>Floor Plan</b>		
<b>Certificate of Insurance &amp; Fee</b>		
<b>Lead Paint Certificate &amp; Fee *</b>		
<b>Housing Unit Permit Fee</b>		
<b>Landlord Registration Statement</b>		

\*---Where applicable