Department of Community Affairs
Division of Codes and Standards
Bureau of Housing Inspection
101 South Broad Street, PO Box 810
Trenton, New Jersey 08625-0810
Telephone Number: 609-633-6225

DATE
REGISTRATION NO.:
RE:

NOTICE OF VIOLATION AND ORDER TO REGISTER

Multiple Dwellings, including condominiums and cooperatives, which contain 3 or more units of dwelling space; Hotels which contain 10 or more units of dwelling space or have sleeping facilities for 25 or more persons or, are commonly regarded as a hotel, motor hotel, motel, or established guesthouse in the community in which they are located, and non-profit Retreat Lodging Facilities must be registered with the Bureau of Housing Inspection as required by the Hotel and Multiple Dwelling Law, N.J.S.A. 55:13A-1 et seq.

Bureau records indicates that the above referenced building, owned by you, is subject to these registration requirements.

If this information is correct, you are required by law to file a Certificate of Registration with the Bureau of Housing Inspection, using the attached form, within 30 days of receipt of this notice.

If this information is incorrect, please notify the Bureau immediately.

If any of the information submitted on this form should change, an owner must submit an amended Certificate of Registration within 30 days of such change. No fee shall be charged for the filing of an amended Certificate of Registration, except in the case of a change in ownership wherein the submission of a new Certificate of Registration is required.

Failure to comply with the term of this notice may subject you to immediate entry of a docketed judgment against you, for a penalty in the amount of $200.00 per building, pursuant to N.J.S.A. 55:13A-12(d).

New Jersey Department of Community Affairs
Bureau of Housing Inspection
CERTIFICATE OF REGISTRATION

A fee of **$10.00** is required for **each** building registered. Please complete and submit this form with the required fee of $10.00, payable by money order, certified check or cashier's check only, to: N.J. Bureau of Housing Inspection, within 30 days of receipt of this notice.

If your property consists of a complex of buildings, you must complete this **Certificate of Registration** for the first building and a **Supplemental Certificate of Registration** for **each** *additional building, and submit with the corresponding fee of $10.00 for each building registered.*

FOR OFFICE USE ONLY

1. Is This An Amended Certificate? ☐ Yes ☐ No

2. Previous Registration Number, If Any

3. BUILDING No: ___ **of** ___ **TOTAL BUILDINGS**

4. BUILDING USE *(mark one)*

1. ☐ Multiple Dwelling
2A. ☐ Hotel
2B. ☐ Season Hotel
2C. ☐ Guest House/ Bed & Breakfast
2D. ☐ Dormitory
3. ☐ Retreat Lodging Facility

5. FORM OF OWNERSHIP *(mark one)*

0 ☐ Corporation
1 ☐ Private (Individual or Family)
2 ☐ Legal Partnership
3 ☐ Condominium
4 ☐ Cooperative
5 ☐ Public Housing Authority
6 ☐ Limited Liability Company

6. Number of:

Dwelling units
Rooming units
Total 0

7. STORIES

8. YEAR CONSTRUCTED month ___ year ___
NOTE: Attach Copy of Certificate of Occupancy if issued after 1/1/1977.

9. LIFE HAZARD Registered as Life-Hazard Use As per Uniform Fire Code
☐ No ☐ Yes
If Yes, DFS Reg. No.:

10. CONSTRUCTION

1 ☐ Masonry and Concrete
2 ☐ Masonry and Steel
3 ☐ Exterior Masonry Wall and Frame
4 ☐ Frame

11. DATE OF TRANSFER OF OWNERSHIP month ___ day ___ year ___

12. TAXES PAID TO:
Municipality
County

FOR OFFICE USE ONLY

☐ Transfer ☐ Initial ☐ Transfer amended

month ___ day ___ year ___

Lead exempt
☐ Yes ☐ No

Number of lead exempt units

13. OWNER

NAME: 1

NAME: 2

FED. ID NO. or SOC. SEC. NO. | **COUNTY, if in N.J.** | **PHONE**

ADDRESS *(P.O. Box not acceptable)*

CITY | **STATE** | **ZIP CODE**

14. BUILDING
2nd Address if known by another name

BLOCK NUMBER | **LOT NUMBER**

NAME OF BUILDING *(if any)*

ADDRESS: STREET NUMBER | **STREET NAME**

SECOND ADDRESS

CITY | **STATE** | **ZIP CODE**

STATE: N J

15. IN COUNTY AGENT
(Must reside in the same county as the property)

NAME: 1

NAME: 2

COUNTY | **PHONE**

ADDRESS *(P.O. Box not acceptable)*

CITY | **STATE** | **ZIP CODE**

16. MANAGER

NAME: 1

NAME: 2

COUNTY | **PHONE**

ADDRESS

CITY | **STATE** | **ZIP CODE**

17. MORTGAGEE

NAME: 1

NAME: 2

ADDRESS

CITY | **STATE** | **ZIP CODE**

18. Net lessee or any other person in control of the property (other than record owner)

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY | **STATE** | **ZIP CODE**

19. Corporations, Condominiums and Cooperatives (must list officers or general partners)

NAME: 1

TITLE *(if any)*

ADDRESS

CITY | **STATE** | **ZIP CODE**

NAME: 1

TITLE *(if any)*

ADDRESS

CITY | **STATE** | **ZIP CODE**

NAME: 1

TITLE *(if any)*

ADDRESS

CITY | **STATE** | **ZIP CODE**

20. Registered agent (if under corporate, condominium, or cooperative ownership)

NAME: 1

NAME: 2

PHONE

ADDRESS *(P.O. Box not acceptable)*

CITY | **STATE** | **ZIP CODE**

21. Multiple dwelling Janitor or superintendent (if 9 or more units)

NAME

ADDRESS

APT./ROOM NUMBER | **BUILDING NUMBER** | **PHONE**

CITY | **STATE** | **ZIP CODE**

22. Individual who can authorize emergency repairs and expenditures

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY | **STATE** | **ZIP CODE**

23. Fuel oil supplier

☐ Building is not heated by fuel oil. **IF THIS BOX IS MARKED, ALL OF THE FUEL OIL SUPPLIER FIELDS MUST REMAIN BLANK.**

IF FUEL OIL IS USED, PLEASE FILL OUT ALL OF THE INFORMATION BELOW. GRADE OF FUEL FUEL OIL USED 2

NAME

ADDRESS

CITY | **STATE** | **ZIP CODE**

RETURN CERTIFICATE AND $10.00 FEE FOR EACH BUILDING TO:

Department of Community Affairs
Division of Codes and Standards
Bureau of Housing Inspection
101 South Broad Street, PO Box 810
Trenton, New Jersey 08625-0810

THIS FORM MUST BE SIGNED AND ALL INFORMATION MUST BE SUPPLIED INCLUDING ALL PHONE NUMBERS. IF THIS APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE OWNER.

Owner Signature **Date**

Print Name

FOR OFFICE USE ONLY