

BOROUGH OF BROOKLAWN
Annual Landlord Inspection Registration:

DATE: _____ BLOCK: _____

DUE BY: May 1st LOT: _____

Rental Property Address: _____

Tenant Name _____

Tenant Phone # _____

Owner of Property: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone # _____

Rental inspections are scheduled on Tuesdays and Thursdays between 10 am & 12 noon
Please select from one of the dates below. Be sure there is someone at the property on the day of
the inspection.

Tuesday:

Thursday:

May 2 _____

May 4 _____

May 9 _____

May 11 _____

May 16 _____

May 18 _____

May 23 _____

May 25 _____

May 30 _____

June 1 _____

June 6 _____

June 8 _____

June 13 _____

June 15 _____

June 20 _____

June 22 _____

June 27 _____

June 29 _____

REQUIRED UNDER BOROUGH ORDINANCE #16-15

\$100.00 Fee - per rental unit

TOTAL # OF UNITS _____ TOTAL DUE \$ _____

PLEASE RETURN WITH YOUR PAYMENT PAYABLE TO:

BOROUGH OF BROOKLAWN
301 CHRISTIANA STREET
BROOKLAWN, NJ 08030

BOROUGH OF BROOKLAWN

LANDLORD IDENTITY STATEMENT

DATE: _____

BUILDING ADDRESS: _____

TENANT DWELLING REGISTRATION FORM

THE FORM OF THE CERTIFICATION OF REGISTRATION TO BE FILED WITH THE OFFICE OF CODE ENFORCEMENT AND DISTRIBUTED TO TENANTS BY OWNERS OF OCCUPIED RENTAL DWELLINGS SHALL BE SUBSTANTIALLY AS FOLLOWS:

Please type or print all information:

1. The name and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows (name, address, and phone number):

2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows (name, address and phone number):

Record owner is not a corporation

3. If the address of any record owner is not located in the County in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from a tenant to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number):

4. The managing agent is as follows (name, address and phone number):

There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance services are as follows (name, address, including apartment number, dwelling unit, etc., and phone number):

6. The individual representative of the record owner or managing agent who may be reached at any time in the event of any emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows (name, address and phone number):

7. The name and address of the holders of recorded mortgages on the property are as follows:

There is no recorded mortgage on the property

8. If fuel oil is used to heat the building and the owner furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (name, address and phone number):

9. Number of dwelling units: _____

10. Name, phone and unit numbers of all tenants, including children:

(Use separate piece of paper if necessary.)

11. Name, breed and license number of any pet residing at the property

12. A floor plan of the building must be submitted. The floor plan should indicate all rooms, doors, kitchens, sleeping areas, etc.

Floor plan attached

13. The owner of the property is a senior citizen and qualifies under NJ State Statue 54:4-8.41

Yes No

14. Drivers License Number for the registering owner: _____ State: _____

Signature

Printed Name

A separate form must be completed and a \$200.00 fee paid for each rental unit. Make checks payable to the Borough of Brooklawn. If the forms are not received by the due date, a \$20.00 late fee will be assessed. If you have any questions concerning this form, please call the Office of Code Enforcement at 856-456-0750 Ext. #102..

Do not write below this line

Check # _____ Amount _____ Date Received _____

Tax Record Checked Yes Initials: _____

Certificate of Occupancy Check List

1. Property must be clear of garbage and refuse (interior & exterior).
2. Sidewalks, service walk and driveway aprons must be free of damage.
3. Exterior steps must be no higher than the maximum 8 ¼" rise.
4. Property must have a smoke detector on each floor.
5. Property must have a CO detector in the vicinity of each bedroom.
6. All lighting fixtures must have globes.
7. Exterior of the building must be up to the Borough's property maintenance standard.
8. All stairs must have a continuous graspable handrail.
9. Roof must be in good condition.
10. GFCI receptacles are required for all outlets within 6 feet of water.
11. All steps must be closed in or have spindles not more than 4 inch spacing.
12. All slots in the electrical panel must be filled with breakers or blanks.
13. Covers must be on all receptacles and switch plates.
14. Hot Water Heater must have a down pipe within 6" off floor
15. The Electric Service Cable must be in satisfactory shape.
16. All doors and windows must be functioning properly.
17. Sump pumps must be discharged to the exterior of the house (it may not be discharged into the sanitary sewer line).
18. Smoke pipes for the heater and hot water heaters must be properly sealed.
19. Must have a 2A:10B:C Fire Extinguisher within 10 feet of Kitchen and 5 feet off the floor.

This list is strictly for illustrative purposes and is not necessarily all-inclusive for every property. Additional requirements may be required.