



Township of Maplewood - Building Department
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2020 RENTAL PROPERTY REGISTRATION INFORMATION AND FORM

MAPLEWOOD ORDINANCE 2201-02 REQUIRES THAT ALL RESIDENTIAL RENTAL AND/OR MULTIPLE DWELLING UNITS IN MAPLEWOOD MUST BE REGISTERED EVERY YEAR. THE YEARLY REGISTRATION FEE IS \$50.00 PER RESIDENTIAL UNIT

THERE IS NO FEE IF YOU ARE A SENIOR AND THE BUILDING IS OWNER OCCUPIED

ALL UNITS ARE REQUIRED TO BE REGISTERED -- NO LATER THAN MARCH 1, 2020

APPLICATIONS RECEIVED AFTER MARCH 1 -- LATE FEE CHARGE IS \$30.00

**FAILURE TO RETURN COMPLETED APPLICATION WILL
RESULT IN A SUMMONS OR FINE**

APPLICATIONS REQUIRE THE FOLLOWING INFORMATION...

Section 1 **PROPERTY LOCATION**

Section 2 **OWNER NAME AND CONTACT INFORMATION** – *(In the case of partnership, the names and addresses of the partners shall be provided together with the phone numbers where such individuals may be reached during both day and evening hours)*

Section 3 **ALTERNATE/ EMERGENCY CONTACT INFORMATION (24 HR. ACCESSIBLE)**

Section 4 **MANAGING AGENT CONTACT INFORMATION** *(In the case of a corporation, the name and address of the registered agent and corporate officers shall be provided, together with the phone numbers of such individuals indicating where such individuals may be reached both during the day and evening hours)*

Section 5 **ALL TENANT\ OCCUPANT NAMES** (AGES ARE REQUIRED FOR CHILDREN 18 YEARS AND UNDER).

All addresses must include full accurate street address: *(Please note: PO Box and like information are not acceptable)*

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PLEASE DO NOT REMOVE THIS SHEET FROM ATTACHED APPLICATION!

TOWNSHIP OF MAPLEWOOD RENTAL PROPERTY REGISTRATION FORM

Section 1 **PROPERTY ADDRESS:** _____

Section 2 **OWNER INFORMATION:**

OWNER NAME: _____

MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

OWNER'S RESIDENCE ADDRESS (if different from above): _____

CITY _____ **STATE** _____ **ZIP CODE** _____

OWNER'S PHONE: Must be 24 hour accessible (_____) _____

IF THE OWNER IS A CORPORATION, PARTNERSHIP, LLC ETC., THE NAMES, ADDRESSES, & PHONE #'S OF THE PRINCIPALS ARE TO BE PROVIDED AS AN ATTACHMENT.

Section 3 **EMERGENCY /ALTERNATE CONTACTS:** *(Individual/Agent who has the authority to make decisions in case of emergency or responsible for making repairs)*

NAME: _____

ADDRESS: _____

PHONE NUMBER: Must be 24 hour accessible (_____) _____

Section 4 **MANAGING AGENT:**

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

EXEMPTIONS: (FOR PAYMENT AND/OR INSPECTION) ALL UNITS ARE REQUIRED TO BE REGISTERED (Check all that apply) – (exemptions are still required to list occupant names on next page.)

- All units are owner occupied*
- Senior Citizen (62) – owner occupied (Inspection but no fee)*

OWNERS SIGNATURE _____ **DATE** _____

RECEIVED BY _____ **DATE** _____

AMT PAID _____ **LATE FEES** _____ **CHECK#** _____ **CASH** _____

TOWNSHIP OF MAPLEWOOD PROPERTY REGISTRATION FORM
FAILURE TO RETURN COMPLETED APPLICATION WILL RESULT IN A SUMMONS OR FINE

Section 5 **TENANT/OCCUPANT LIST:**

PROPERTY ADDRESS: _____

PROVIDE NAMES OF ALL TENANTS INCLUDING CHILDREN – (IF UNDER 18 -AGE IS REQUIRED)
(Use additional sheets of paper if needed)

UNIT/APT# _____ **TENANTS NAME *** _____

OCCUPANT NAME	UNDER 18 (Y OR N)	IF “Y” PROVIDE AGE

UNIT/APT# _____ **TENANTS NAME *** _____

OCCUPANT NAME	UNDER 18 (Y OR N)	IF “Y” PROVIDE AGE

UNIT/APT# _____ **TENANTS NAME *** _____

OCCUPANT NAME	UNDER 18 (Y OR N)	IF “Y” PROVIDE AGE

UNIT/APT# _____ **TENANTS NAME *** _____

OCCUPANT NAME	UNDER 18 (Y OR N)	IF “Y” PROVIDE AGE

* **TENANTS NAME = NAME RECORDED ON LEASE**

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE I AM SUBJECT TO PUNISHMENT.

OWNERS SIGNATURE _____ **DATE** _____