



**BOROUGH OF MANVILLE
BUREAU OF FIRE SAFETY/HOUSING**

325 North Main Street
Manville, New Jersey 08835
(908) 725-9478

Annual Rental Registration Application

Registered Operator Information – **Must Be Returned with FEE of \$150 Per Rental Unit**
Registered Rental Property Operator License (Please Print & Complete BOTH SIDES)

PROPERTY INFORMATION

Date: _____ Block / Lot: _____ **Check One:** ___ Residential ___ Commercial ___ Mixed Used

Construction Class _____ Number of stories _____ Year of Construction _____

BUILDING TYPE

Single Family

Two Family Unit Number _____ Floor # _____ Bldg. ID _____ Number of Bedroom _____

Number of bathrooms _____ Kitchen _____ Living Rm. _____ Dining Rm. _____

Max Number of Occupants _____

Unit Number _____ Floor # _____ Bldg. ID _____ Number of Bedroom _____

Number of bathrooms _____ Kitchen _____ Living Rm. _____ Dining Rm. _____

Max Number of Occupants _____

Address: _____ Complex Name (if applicable) _____

Does the property use fuel oil to heat the building and does the landlord furnish heat? Yes No If "Yes" please complete the following:

Name & address of heating oil supplier: _____ Grade of Oil: _____

OWNER INFORMATION

Owner in Title: _____

Address: _____

Phone# _____ (At least one number must be 24 hour accessible)

Email: _____ EIN/SSN: _____

THE NAME & ADDRESS OF EVERY HOLDER OF RECORDED MORTGAGE ON THE PREMISES

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(Use reverse side of more names are needed)



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If the owner is other than an individual, the Registered/Managing Agent who will accept all legal notices on the owners behalf

REGISTERED / MANAGING AGENT

Registered/Managing Agent: _____

Address: _____

Phone# _____ (At least one number must be 24 hour accessible)

Email: _____ EIN/SSN: _____

SUPER / CUSTODIAN / JANITOR INFORMATION

Super / Custodian / Janitor: _____

Address: _____

Phone# _____ (At least one number must be 24 hour accessible)

Email: _____ EIN/SSN: _____

EMERGENCY CONTACT IF OWNER CANNOT BE REACHED – This person must have authority to make decisions regarding the premises and any expenditure necessary for emergency repair.

Name: _____ Phone: _____

Owner / Managing Agent Signature: _____ Date: _____

OWNER'S CERTIFICATION

I/We the undersigned do hereby certify that the information provided above is true and accurate and that any false or misleading information can be grounds for prosecution. I understand that inclusion in this program does not validate that the two family status has been authorized by the Borough for zoning purposes.

Owner: _____ Date: _____

MUST BE AN ORIGINAL SIGNATURE, NOT A PHOTOCOPY OF FACSIMILE

(FOR OFFICE USE ONLY)

Date Rec'd _____ Check # _____ Cash _____

Inspection Date & Time _____ Inspector _____

Payment for Year _____ [] Please add to the program for future years.