



Borough of Rumson

80 East River Road
Rumson, NJ 07760
732-842-3300

Landlord Registration Statement

Pursuant to the New Jersey Landlord
Act, N.J.S.A. 46:8-27 et seq.

Property address: _____ **Block** _____ **Lot** _____

A. Recorded owner(s) of property or if owned by a corporation, information for a registered agent & corporate officer of the corporation:

Name: _____ Address: _____

Telephone #: (_____) _____

E-mail: _____

B. If the address of the record owner is not located in the county where the premises are located, please provide the information to contact a person who resides in or an office in the county which the premises are located and is authorized to accept notices from a tenant and to issue receipts therefor and to accept service of process on behalf of the record owner:

Name: _____ Address: _____

Telephone #: (_____) _____

E-mail: _____

C. Managing agent of the premises, if any, or the managing agent who provides the regular maintenance service if different than above:

Name: _____ Address: _____

Telephone #: (_____) _____

E-mail: _____

D. The managing agent to be reached in the event of emergency if different than above:

Name: _____ Address: _____

Telephone #: (_____) _____

E-mail: _____

E. The name and address of every holder of a recorded mortgage on the premises:

Name: _____ Address: _____

Telephone #: (_____) _____

E-mail: _____

- F. The building is not heated by fuel oil
- The building is heated by fuel oil, but the landlord does not furnish heat

G. Adult tenant of record for each rental unit:

Name: _____ Name: _____

Telephone #: (_____) _____ Telephone #: (_____) _____

E-mail: _____ E-mail: _____

Please attach the following:

- \$100 Filing Fee (Checks made payable to Borough of Rumson) – per Ordinance 8-7.12**
- Proof of Lead Safe Certification (if property was built prior to 1978)**
- Business Registration Form**
- Application For Certificate of Smoke Detector, Carbon Monoxide And Fire Extinguisher Compliance**

Landlord Signature: _____ **Date:** _____

For official use only

Date received: _____

Received by: _____

Date reviewed: _____

Reviewed by: _____

Date logged: _____

Logged by: _____

Revised 9/9/2024



LEAD-BASED PAINT INSPECTION FORM
for rental properties built prior to 1979

DATE OF APPLICATION: _____

FEES:

\$205.00 Visual Assessment Inspection – per Single Bedroom Dwelling Unit (\$25.00 per each additional bedroom)

\$20.00 Lead Hazard Control Assistance Act fee – per Dwelling Unit

NAME OF OWNER: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP CODE: _____

ADDRESS OF PREMISES TO BE INSPECTED: _____

BLOCK _____ LOT: _____

CERTIFIED LEAD INSPECTOR: _____

IT SHALL BE THE DUTY OF THE OWNER TO SCHEDULE AND ASSURE THAT ACCESS IS GRANTED TO THE PREMISES OF THIS APPLICATION WITH JERSEY SHORE REGIONAL HEALTH COMMISSION, OR OTHER CERTIFIED LEAD INSPECTOR. CANCELLATIONS OR RESCHEDULING OF APPOINTMENTS MUST BE MADE ONE FULL BUSINESS DAY IN ADVANCE. FAILURE TO COMPLY MAY RESULT IN ADDITIONAL INSPECTION FEE OF \$205.00 BEING CHARGED. IT IS THE DUTY OF THE OWNER TO ALLOW ACCESS AND MEET THE INSPECTOR AT THE ENTRANCE OF THE PREMISES ON THE DATE AND TIME BELOW. FAILURE TO KEEP INSPECTION APPOINTMENT MAY RESULT IN APPROPRIATE LEGAL ACTION. I AM ALSO ADVISED THAT THE LEAD INSPECTION IS A LIMITED VISUAL TESTING INSPECTION. IF LEAD BASED PAINT HAZARDS ARE IDENTIFIED, THEN THE OWNER OF THE DWELLING SHALL REMEDIATE THE HAZARDS THROUGH ABATEMENT OR LEAD BASED PAINT HAZARD CONTROL MECHANISMS IN ACCORDANCE WITH N.J.S.A. 52:27d-437.16(d). BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. I UNDERSTAND THAT IF THE ABOVE INFORMATION IS NOT ACCURATE, I MAY BE SUBJECT TO PENALTY.

APPLICANTS SIGNATURE: _____ PRINT NAME: _____

(For Official Use ONLY)

Number of Units _____	\$205. Per Single Bedroom Unit \$ _____
Additional Bedrooms _____	\$ 25. Per Additional Bedroom \$ _____
Lead Hazard Control Assistance Act Fee	\$ 20. Per dwelling unit \$ <u>20.00</u>

TOTAL COLLECTED: _____

CHECK # OR CASH: _____



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Business Registration Form

Pursuant to the New Jersey Bill S1368

P.L. 2022, c. 92 institutes a new minimum liability insurance requirement for owners of businesses and rental units. Effective for new insurance policies issued on or after November 3, 2022, the law requires the owner of a business, or one or more rental units, to maintain liability insurance for negligent acts and omissions in an amount of no less than \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence. However, owner-occupied two-family, three-family, or four-family homes are subject to a lower \$300,000 coverage minimum which becomes effective for insurance policies issued on or after February 1, 2023. In all cases, owners are required to annually register the certificate of insurance in the municipality where the business or rental unit is located.

Business Name: _____

No changes from last year

Business Address: _____

Business Telephone: _____ **Fax No.** _____

Business Type: _____

Owner or Corporate Name: _____

Owner's Address: _____

Emergency Contact Number: _____

E-mail Address: _____

Liability Insurance Company: _____

(Include certificate of insurance)

BUSINESS ALARM INDEX

Alarm Company: _____

Burglar Alarm: _____ Fire Alarm: _____ Knock Box _____

Central Station: _____

Audible: Yes _____ No _____

OWNER'S SIGNATURE

BOROUGH OFFICE USE ONLY

Date Application Received: _____ License #: _____

Date License Approved: _____ Issued By: _____

Internal use only: INSPECTION DATE _____ 4:30-6:30 pm WINDOW

BUREAU OF FIRE PREVENTION

BOROUGH OF RUMSON AND FAIR HAVEN

732-842-3022 EMAIL MHAWLEY@RUMSONNJ.GOV WITH QUESTIONS

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR, CARBON MONOXIDE AND FIRE EXTINGUISHER COMPLIANCE.

Application Fee: (Fee schedule below) Make Checks payable to the Borough the property is located in.

\$45.00 10+ Business Days **\$90.00** 4-9 Business Days **\$125.00** 3 or less Business Days (From Date of Closing)

There is a \$45.00 Re-inspection fee if residence is not in compliance and a re-inspection is required.

PLEASE FILL OUT THE FOLLOWING APPLICATION IN ITS ENTIRETY, AND BRING IT TO RUMSON BOROUGH HALL, 80 EAST RIVER ROAD, RUMSON, NJ 07760 ALONG WITH A CHECK MADE PAYABLE TO THE TOWN THE PROPERTY IS IN

NAME OF PRESENT OWNER _____ PHONE _____

ADDRESS OF PROPERTY TO BE INSPECTED _____

TOWN _____ BLOCK _____ LOT _____ (*<<< must be filled out*)

NAME OF BUYER OR TENANT _____

NAME AND PHONE NUMBER OF THE PERSON TO CONTACT FOR INSPECTION PURPOSES:

Name _____ Tel: _____

DATE OF TRANFER OF OWNERSHIP OR TENANCY:

_____, 20__

Applicant certifies that all the above information is true to the best of his/her knowledge.

CENTRAL STATION MONITORED ALARM SYSTEMS:

If you have a central station monitored fire alarm system you will need the have the alarm system certified as operational by a licensed NJ Fire Protection Contractor prior to the inspection.

THE CERTIFICATE WILL BE VALID FOR 6 MONTHS FROM THE DAY OF THE INSPECTION.

ALL RENTAL PROPERTIES MUST REGISTER WITH THE CLERKS OFFICE.



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E-mail Address: _____

Liability Insurance Company: _____

(Include certificate of insurance)

BUSINESS ALARM INDEX

Alarm Company: _____

Burglar Alarm: _____ Fire Alarm: _____ Knock Box _____

Central Station: _____

Audible: Yes _____ No _____

OWNER'S SIGNATURE

=====

BOROUGH OFFICE USE ONLY

Date Application Received: _____