



**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](mailto: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.**