

17. MORTGAGEE

NAME: 1

NAME: 2

ADDRESS

CITY STATE ZIP CODE

18. Net lessee or any other person in control of the property (other than record owner)

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY STATE ZIP CODE

19. Corporations, Condominiums and Cooperatives (must list officers or general partners)

NAME: 1

TITLE (if any)

ADDRESS

CITY STATE ZIP CODE

NAME: 1

TITLE (if any)

ADDRESS

CITY STATE ZIP CODE

NAME: 1

TITLE (if any)

ADDRESS

CITY STATE ZIP CODE

20.
Registered agent
(if under corporate, condominium, or cooperative ownership)

NAME: 1
[Grid for Name 1]

NAME: 2
[Grid for Name 2]

PHONE
[Grid for Phone]

ADDRESS (P.O. Box not acceptable)
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

21.
Multiple dwelling Janitor or superintendent (if 9 or more units)

NAME
[Grid for Name]

ADDRESS
[Grid for Address]

APT./ROOM NUMBER [Grid for APT./ROOM NUMBER] **BUILDING NUMBER** [Grid for BUILDING NUMBER] **PHONE** [Grid for Phone]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

22.
Individual who can authorize emergency repairs and expenditures

NAME: 1
[Grid for Name 1]

NAME: 2
[Grid for Name 2]

PHONE
[Grid for Phone]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

23.
Fuel oil supplier

Building is not heated by fuel oil. **IF THIS BOX IS MARKED, ALL OF THE FUEL OIL SUPPLIER FIELDS MUST REMAIN BLANK.**

IF FUEL OIL IS USED, PLEASE FILL OUT ALL OF THE INFORMATION BELOW. GRADE OF FUEL FUEL OIL USED 2

NAME
[Grid for Name]

ADDRESS
[Grid for Address]

CITY [Grid for City] **STATE** [Grid for State] **ZIP CODE** [Grid for ZIP Code]

RETURN CERTIFICATE AND \$10.00 FEE FOR EACH BUILDING TO:
Department of Community Affairs
Division of Codes and Standards
Bureau of Housing Inspection
101 South Broad Street, PO Box 810
Trenton, New Jersey 08625-0810

THIS FORM MUST BE SIGNED AND ALL INFORMATION MUST BE SUPPLIED INCLUDING ALL PHONE NUMBERS. IF THIS APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE OWNER.

Owner Signature Date

Print Name

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