



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  
 Telephone Number: 609-633-6225

DATE  
 REGISTRATION NO.:  
 RE:

**NOTICE OF VIOLATION AND ORDER TO REGISTER**

Multiple Dwellings, including condominiums and cooperatives, which contain 3 or more units of dwelling space; Hotels which contain 10 or more units of dwelling space or have sleeping facilities for 25 or more persons or, are commonly regarded as a hotel, motor hotel, motel, or established guesthouse in the community in which they are located, and non-profit Retreat Lodging Facilities must be registered with the Bureau of Housing Inspection as required by the Hotel and Multiple Dwelling Law, N.J.S.A. 55:13A-1 et seq.

Bureau records indicate that the above referenced building, owned by you, is subject to these registration requirements.

If this information is correct, you are required by law to file a Certificate of Registration with the Bureau of Housing Inspection, using the attached form, within 30 days of receipt of this notice.

If this information is incorrect, please notify the Bureau immediately.

If any of the information submitted on this form should change, an owner must submit an amended Certificate of Registration within 30 days of such change. No fee shall be charged for the filing of an amended Certificate of Registration, except in the case of a change in ownership wherein the submission of a new Certificate of Registration is required.

Failure to comply with the term of this notice may subject you to immediate entry of a docketed judgment against you, for a penalty in the amount of \$200.00 per building, pursuant to N.J.S.A. 55:13A-12(d).

New Jersey Department of Community Affairs  
 Bureau of Housing Inspection  
**CERTIFICATE OF REGISTRATION**

A fee of \$10.00 is required for **each** building registered. Please complete and submit this form with the required fee of \$10.00, payable by money order, certified check or cashier's check only, to: N.J. Bureau of Housing Inspection, within 30 days of receipt of this notice.

If your property consists of a complex of buildings, you must complete this **Certificate of Registration** for the first building and a **Supplemental Certificate of Registration** for **each additional building**, and submit with the corresponding fee of \$10.00 for each building registered.

**FOR OFFICE USE ONLY**

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<b>1. Is This An Amended Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. YEAR CONSTRUCTED</b> month    year NOTE: Attach Copy of Certificate of Occupancy if issued after 1/1/1977.	
<b>2. Previous Registration Number, If Any</b>		<b>9. LIFE HAZARD</b> Registered as Life-Hazard Use As per Uniform Fire Code <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, DFS Reg. No.:	
<b>3. BUILDING No:</b> of <b>TOTAL BUILDINGS</b>		<b>10. CONSTRUCTION</b> 1 <input type="checkbox"/> Masonry and Concrete    3 <input type="checkbox"/> Exterior Masonry Wall and Frame 2 <input type="checkbox"/> Masonry and Steel    4 <input type="checkbox"/> Frame	
<b>4. BUILDING USE (mark one)</b> 1. <input type="checkbox"/> Multiple Dwelling    2C. <input type="checkbox"/> Guest House/ Bed & Breakfast 2A. <input type="checkbox"/> Hotel    2D. <input type="checkbox"/> Dormitory 2B. <input type="checkbox"/> Season Hotel    3. <input type="checkbox"/> Retreat Lodging Facility		<b>11. DATE OF TRANSFER OF OWNERSHIP</b> month    day    year	
<b>5. FORM OF OWNERSHIP (mark one)</b> 0 <input type="checkbox"/> Corporation    3 <input type="checkbox"/> Condominium 1 <input type="checkbox"/> Private (Individual or Family)    4 <input type="checkbox"/> Cooperative 2 <input type="checkbox"/> Legal Partnership    5 <input type="checkbox"/> Public Housing Authority 6 <input type="checkbox"/> Limited Liability Company		<b>12. TAXES PAID TO:</b> Municipality _____ County _____	
<b>6. Number of:</b> Dwelling units Rooming units Total		<b>7. STORIES</b>	
Dwelling units: [ ] [ ] [ ] [ ] Rooming units: [ ] [ ] [ ] [ ] Total: [ ] [ ] [ ] <b>0</b>		Stories: [ ] [ ]	
		<b>FOR OFFICE USE ONLY</b>	
		<input type="checkbox"/> Transfer <input type="checkbox"/> Initial <input type="checkbox"/> Transfer amended month    day    year [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]	
		<b>Lead exempt</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of lead exempt units</b> [ ] [ ] [ ]	

13.  
OWNER

NAME: 1  
[Grid]  
NAME: 2  
[Grid]  
FED. ID NO. or SOC. SEC. NO. [Grid] COUNTY, If in N.J. [Grid] PHONE [Grid]  
ADDRESS (P.O. Box not acceptable) [Grid]  
CITY [Grid] STATE [Grid] ZIP CODE [Grid]

14.  
BUILDING  
2nd Address  
If known by  
another name

BLOCK NUMBER [Grid] LOT NUMBER [Grid]  
NAME OF BUILDING (if any) [Grid]  
ADDRESS: STREET NUMBER [Grid] STREET NAME [Grid]  
SECOND ADDRESS [Grid]  
CITY [Grid] STATE [Grid] ZIP CODE [Grid]

15.  
IN COUNTY  
AGENT  
(Must reside in  
the same county  
as the property)

NAME: 1 [Grid]  
NAME: 2 [Grid]  
COUNTY [Grid] PHONE [Grid]  
ADDRESS (P.O. Box not acceptable) [Grid]  
CITY [Grid] STATE [Grid] ZIP CODE [Grid]

16.  
MANAGER

NAME: 1 [Grid]  
NAME: 2 [Grid]  
COUNTY [Grid] PHONE [Grid]  
ADDRESS [Grid]  
CITY [Grid] STATE [Grid] ZIP CODE [Grid]



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

NAME: 1  
 NAME: 2  
 PHONE  
 ADDRESS (P.O. Box not acceptable)  
 CITY STATE ZIP CODE

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

NAME  
 ADDRESS  
 APT./ROOM NUMBER BUILDING NUMBER PHONE  
 CITY STATE ZIP CODE

22. Individual who can authorize emergency repairs and expenditures

NAME: 1  
 NAME: 2  
 PHONE  
 ADDRESS  
 CITY STATE 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  
 ADDRESS  
 CITY STATE 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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