

**Borough of Bellmawr – Code Enforcement Office**

**LANDLORD IDENTITY STATEMENT**

**N.J.A.C. 5:29 -1.2 through 5:29-2.2**

**Block:** \_\_\_\_\_

**Lot:** \_\_\_\_\_

Date: \_\_\_\_\_ Building Address: \_\_\_\_\_

PURSUANT TO N.J.S.A. 46:8-27 THROUGH 37

Please print/type all information:

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (name, address & phone #):

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2. If the record owner is a corporation, the names and address of the registered agent of the corporate officers are as follows (name, address, & phone #):

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( ) Please check if record owner is not a corporation

3. If the address of any record owner is not located in the country in which the dwelling is located, the name & address of a person who resides in the county is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address & phone #) :

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4. The name and address of the managing agent is as follows (name, address, & phone #):

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( ) Please check if there is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address including apartment #, dwelling unit, etc & phone #) :

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( ) Please check if there is no superintendent, janitor, custodian, or other person employed to provide regular maintenance service

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system & who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (name, address & phone #):

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(Please continue next questions on back of this page)

7. The name and address of holders of recorded mortgages on the property are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
( ) Please check if there is NO record mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (name, address, & phone #):

\_\_\_\_\_  
( ) Please check if the building is NOT heated by fuel oil.  
( ) Please check if the building IS heated by fuel oil, but the owner does NOT furnish heat.

9. Number of dwelling units: \_\_\_\_\_

10. On the attached Tennant Information Form, indicate the unit number, list ALL tenant's names (including children), ages, and a contact phone #. Include room dimensions as indicated.

11. A floor plan of the building **must** be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: if you have provided a floor plan previously and it is on the file with the Code Enforcement Office, you do not need to submit a new one, unless there has been a change in the floor plan of the property.

( ) Please check if floor plan is attached.  
( ) Please check if a floor plan is on file with the Fire Department, no changes.

12. The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41 – Please Check: ( ) Yes ( ) No

13. Driver's license # for the registering Owner: \_\_\_\_\_ State: \_\_\_\_\_

Printed name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT:**

\$100 for EACH UNIT that's Residential  \_\_\_\_\_

\$125 for Commercial  \_\_\_\_\_

**Please check one and provide payment method cash or check/money order #!**

\*\*\*\*Please note: This must be renewed annually.

**OFFICIAL USE ONLY.**

Tax record checked? ( ) Yes - Initials: \_\_\_\_\_

(Please complete tenant information on next page)

## Bellmawr Tenant Information

Please PRINT all information clearly:

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner/Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of units: \_\_\_\_\_ (all information MUST be provided EACH YEAR)

**\*\*ROOM DIMENSIONS MUST BE PROVIDED EACH YEAR EVEN IF A FLOOR PLAN IS ON FILE WITH THE  
CODE ENFORCEMENT OFFICE**

Unit #: \_\_\_\_\_ Room Dimensions\*\*

Name each occupant of this unit, age, phone # LR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BR #1 \_\_\_\_\_  
BR #2 \_\_\_\_\_  
BR #3 \_\_\_\_\_  
BR #4 \_\_\_\_\_

Unit #: \_\_\_\_\_ Room Dimensions\*\*

Name each occupant of this unit, age, phone # LR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BR #1 \_\_\_\_\_  
BR #2 \_\_\_\_\_  
BR #3 \_\_\_\_\_  
BR #4 \_\_\_\_\_

Unit #: \_\_\_\_\_ Room Dimensions\*\*

Name each occupant of this unit, age, phone # LR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BR #1 \_\_\_\_\_  
BR #2 \_\_\_\_\_  
BR #3 \_\_\_\_\_  
BR #4 \_\_\_\_\_

## MUST PROVIDE A FLOOR PLAN!

Can be drawn on the back of this page. If already submitted one, we do not need it.