



TOWNSHIP OF RIVERSIDE
PO BOX 188
RIVERSIDE, NJ 08075
TEL: 856-461-1460
FAX: 856-461-3260
www.riversidetwp.org

ANNUAL RENTAL FACILITY REGISTRATION PURSUANT TO ORDINANCE 2001-6A

\$110 PER UNIT ANNUALLY (1 AND 2)
FEE INCLUDES 2 ANNUAL INSPECTION(S)

REGISTRATION(S) ARE DUE WITHIN 30 DAYS OF SETTLEMENT TO AVOID ANY LATE PENALTIES

***PHYSICAL PROOF OF HOMEOWNER(S) INSURANCE IS NOW REQUIRED, BEFORE ANY RENTAL LICENSE(S) CAN BE ISSUED.**

***THE LIABILITY COVERAGE CAN BE NO LESS THAN \$500,000.00 FOR NON-OWNER-OCCUPIED RENTAL PROPERTIES.**

***FAILURE TO PRODUCE INSURANCE WITHIN THE 30 DAY REGISTRATION MAY RESULT IN AN ADDITIONAL PENALTY.**

PROPERTY ADDRESS: _____ BLOCK: _____ LOT: _____

NUMBER OF UNITS: _____ NUMBER OF SLEEPING ROOMS: _____

***PLEASE ANSWER ALL QUESTIONS COMPLETELY. ***

(ANY QUESTIONS LEFT BLANK, MAY RESULT IN YOUR APPLICATION BEING RETURNED BACK)

NAME(S), ADDRESS(S), PHONE NUMBER(S) & EMAIL ADDRESS(S) OF RECORD OWNER(S) OF UNIT(S). IF A PARTNERSHIP, NAME, ADDRESS AND BOTH DAY & NIGHT PHONE NUMBERS OF ALL GENERAL PARTNERS. IF A CORPORATION, LLC OR INVESTMENT COMPANY THE LEGAL NAME OF THE OWNER(S), REGISTERED AGENT & CORPORATE OFFICERS WITH BOTH DAY & NIGHT PHONE NUMBERS REQUIRED.

CORPORATION NAME: _____

There is no corporation name

OWNER NAME(S): _____

(Please no LLC, INC. Etc. in this section)

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____



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(PER STATE REQUIREMENT) IF THE OWNER IS NOT A RESIDENT OF BURLINGTON COUNTY, PLEASE PROVIDE THE CONTACT INFORMATION OF A PERSON WHO RESIDES IN BURLINGTON COUNTY, WHO IS AUTHORIZED TO ACCEPT NOTICES FROM A TENANT TO ISSUE RECEIPTS THEREFORE AND TO ACCEPT SERVICE OF PROCESS ON BEHALF OF THE RECORDED OWNER(S)

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Owner is a Burlington County Resident

NAME AND ADDRESS OF REGULAR MAINTENANCE SERVICE

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

There is no regular maintenance service

NAME, ADDRESS, PHONE NUMBER & EMAIL OF INDIVIDUAL(S) TO CONTACT IN CASE OF EMERGENCY

(If we are unable to reach the owner(s) in an emergency, please list an alternate person(s) we may contact).

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____



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NAME(S) OF ALL TENANT(S) RESIDING AT THE PROPERTY, AND THEIR RELATIONSHIP TO EACH OTHER. (PLEASE STATE "CHILD" FOR ANYONE UNDER THE AGE OF 18).

NAME(S):

_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____



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NAME AND ADDRESS OF EVERY HOLDER OF A RECORDED MORTGAGE ON THE PREMISES.

NAME: _____ ADDRESS: _____

PHONE: _____

There is no recorded mortgage

**NAME AND ADDRESS OF THE FUEL OIL DEALER SERVICING THE BUILDING AND THE GRADE OF OIL,
IF FUEL OIL IS USED TO HEAT THE BUILDING, AND THE LANDLORD FURNISHES THE HEAT IN THE
BUILDING.**

NAME: _____ ADDRESS: _____

The building is not heated by fuel oil

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

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature

Date