

8. The name and addresses of holders of recorded mortgages on the property are as follows:
9. If fuel oil is used to heat the building and the owner furnishes the 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, and phone number):
10. Number of dwelling units at this location: _____
 (1-7 units) \$35.00 per unit
 (8-25 units) \$30.00 per unit
 (26 or more units) \$25.00 per unit
 \$30 late charge after 30 days of due date
 *Please make check payable to: Town of Hammonton
11. Please attach a floor plan of the building. The floor plan should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions.
12. If the owner of the property is a senior citizen who resides in a unit of the property and rents out the remaining unit and who otherwise qualifies under the disability and income provisions of NJSA 54:4-8.41, the license fee shall be waived.

Please indicate whether you meet these criteria.

Yes No

I certify that the information contained herein is true and accurate.

 Landlord Signature

 Date

 Please Print Name

This form must be completed and returned with the proper fee (see # 9 above), payable to Town of Hammonton.

If this form is not received by the due date, a \$30.00 late fee surcharge will be assessed.

If you have any questions concerning this form, please call the Town of Hammonton Clerk's office by dialing 609-567-4300 ext. 105.

FOR CLERK'S USE ONLY

Fee Received by Town Clerk's office _____ Date of Receipt/Deposit _____
(not for applicant to complete but leave attached)

TAX COLLECTOR APPROVAL
(checked for payment of taxes, water and sewer)

Please provide the following for Tax Collector Investigation:

Block _____ Lot _____ & Street Address of Rental Unit _____

Block _____ Lot _____ & Street Address of Owner of Rental Unit _____

(for current year)

Taxes Paid Up To Quarter _____

Water Paid Up To Quarter _____

Sewer Paid Up To Quarter _____

Date Tax/Water/Sewer Records Checked: _____

Signature of Tax Collector or Office Agent Confirming that Taxes/Water/Sewer are no more than 2 quarters in arrears

(not for applicant to complete but leave attached)
TOWN OF HAMMONTON CODE OFFICIAL
APPLICATION FOR CERTIFICATE OF INSPECTION
(Inspector May Use Attached Checklist When Making Inspections of Rental Units)

Please type or print all information

Block _____ Lot _____ of rental unit/building

Address of Building _____

Name of Property _____

Business Phone _____

Owner of Property _____

Block _____ Lot _____ of owner of property

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Contacts: Name _____ () _____

Name _____ () _____

Owner of Business _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Contacts: Name _____ () _____

Name _____ () _____