



# Construction Department Landlord Registration Form

## RENTAL REGISTRATION AND INSPECTION OFFICE

Satisfies N.J.S.A. 46:8-27 through 37

**Frank Sacco**  
Department Head  
Zoning Officer  
**Phone:** 609-567-4300 **Ext.** 168  
**Email:** fsacco@townofhammonton.org

**Mark Rogers**  
Housing Official  
Property Maintenance and Zoning Officer  
**Phone:** 609-567-4300 **Ext.** 109  
**Email:** mrogers@townofhammonton.org

*\*Indicates required fields. Please print clearly. **ID:***

\*1. Name and address of all registered owners of rental property. Corporations must include all names of officers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*2. \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Number of units: \_\_\_\_\_  
Proposed Rental Property Address

\*3. Property owner(s) \_\_\_\_\_  
and tenant(s) \_\_\_\_\_  
emails: \_\_\_\_\_

4. \_\_\_\_\_ \*5. \_\_\_\_\_  
If fuel oil is used as a source of heat, provide name and address of supplier. Number of dwelling units at this location

### FEE SCHEDULE

**1-7 units:** \$150 per unit  
**8-25 units:** \$125 per unit  
**>25 units:** \$100 per unit

**\$50 late fee assessed 30 days after due date.**  
Make checks payable to:  
Town of Hammonton Rental Registration Office

\*6. Attach floor plan of building including all rooms, doors, kitchen(s), sleeping area(s) And room dimensions.

\*7. License fee waived If property owner is a senior citizen residing in a unit of the property and qualifies for disability & income provisions stated as statute NJSA 54:4-8.41.

Do you meet this criteria?

☐ Yes

☐ No

\*8. Provide true copy of current lease. **Due annually with registration fee.**

\*9. Provide proof of liability insurance as per NJS 1368.

\*10. Lead-Safe / Lead-Free Certificate.

\*11. Name(s) of all persons occupying dwelling:

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

*I certify that the information contained herein is true & accurate.*

**X**

Signature of Landlord

Print Name