Borough of Stone Harbor 9508 Second Ave Stone Harbor, NJ 08247 Residential Rental License and Property Registration Form

Applicant and Property Information

Applicant and Property Information			
RENTAL PROPERTY ADDRESS:			
BLOCK:	LO	T:	
Owner:			
Mailing Address			
City	State		Zip
Daytime Phone:	E-Mail:		Cell Phone:
This application authorized the fire bureau to enter your property for a rental inspection. Listing a realtor authorizes the fire			
Bureau to access the property with the key. If no realtor or manager is listed, the owner is responsible to contact the fire			
Bureau for an appointment to inspect the property during the inspection week.			
Managing Agent/Realtor (if any)	Person i	n Cape May County at	uthorized to accept notices,
issue receipts, and accept process on behalf of the owner			
Name			
Address			
City:		State:	ZIP Code:
Daytime Phone:	Eve	ening Phone:	
Superintendent, Custodian, or Emergency Contact			
Name:			
Address:			
City:		State:	ZIP Code:
Daytime Phone:		Evening Phone:	
If Owner is a Corporation, LLC o	r Trust Co	mplete the following	(attached sheets if necessary)
Name:			
Name of Registered Agent:			Phone:
Address of Registered Agent:			
City:	State:		ZIP Code:
Telephone Number			
List Below the Name, Address, City, State, and Telephone number for each officer and director of the corporation and title held:			
Name Title	Address	City/State	Telephone
All rental applications will remain active yearly. If the property is not being rented, the owner must contact the fire bureau to			
Close the file. All files should be closed by December 31st of the previous year.			
Please attach a floor plan of each unit within the rental property. Show the location and size			
of each room. (Please complete and return with application)			
Signature of owner:			Date: