



Residential Rental Property Registration

Office of the Borough Clerk

15 Mountain Boulevard
 Watchung, NJ 07069
 Office: (908) 756-0080 ext. 0

Rental Property Address: _____ Block _____ Lot _____
Watchung, New Jersey 07069

Number of Sleeping Rooms _____
 (Submit dimensional floor plan)

Fees **\$150.00 per unit: Checks payable to: The Borough of Watchung**
\$50.00 per unit: re-inspection fee (if applicable)
If Owner is a Senior Citizen and resides in property, no fee applies

- CHECK HERE IF SENIOR CITIZEN (65+)
- CHECK HERE IF 2-FAMILY OWNER OCCUPIED

A **LATE FEE of \$30.00 Per Unit** will be assessed on forms received after September 30th of **EACH** year

Owner Information

Email:

<u>Owner Name</u>	<u>Owners Mailing Address:</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone #</u>	<u>Share</u>
<u>Co-Owner Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone #</u>	
➤ <u>Partner or Corporate Members Name if LLC, Corp, etc.:</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone#</u>	<u>Evening Phone #</u>	
<u>Somerset County Representative (Required for out of county Owners)</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone#</u>	
<u>Emergency Contact Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone #</u>	
<u>Agent for Property, if any</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone #</u>	
<u>Superintendent's Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone #</u>	
<u>Oil Fuel Provider</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Day Phone #</u>	<u>Evening Phone #</u>	

MUST SIGN PAGE 2

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



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Watchung, New Jersey 07069

NOTE: If your lease is a month to month or a verbal agreement you **MUST STILL PROVIDE THIS OFFICE WITH A 'LEASE START DATE'**.

I certify under penalty of law that the information provided in this document is true and accurate, that all disclosures to tenants required by this chapter have been served upon my tenants and the rent being charged for each unit does not exceed the limitations of [Chapter 27](#). I am aware that there are significant penalties, and court appearances required for submitting false or inaccurate information. Furthermore, I hereby acknowledge and grant permission to the Borough's Inspectors in order to perform the necessary inspections of the dwelling unit being registered.

SIGNATURE OF OWNER/LANDLORD OR AUTHORIZED REPRESENTATIVE

DATE

***** **FOR OFFICE USE ONLY** *****

Date Filed: _____

Cash: _____

Check#: _____

Date sent to Inspection Office: _____

Date of Approval from Inspection Office: _____

Date Certificate Issued: _____

IN ACCORDANCE WITH THE OPEN PUBLIC RECORDS ACT, N.J.S.A. 47:1A-1 ET SEQ., THE INFORMATION PROVIDED ON THIS FORM HAS BEEN DETERMINED TO BE A GOVERNMENTAL RECORD AND IS SUBJECT TO PUBLIC DISCLOSURE, LESS PERMISSIBLE REDACTION(S).

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