



**BOROUGH OF PINE HILL**  
**45 West 7<sup>th</sup> Avenue, Pine Hill, NJ 08021**  
**856-783-7400**

For Borough Use Only
Date Rec'd: _____
Registration# _____
Filing Fee: \$50.00
Cash Check MO
Receipt #: _____

**RENTAL REGISTRATION AND LICENSE APPLICATION**

PLEASE NOTE: A SEPARATE FORM IS REQUIRED FOR EACH BUILDING/MODEL. ALL QUESTIONS MUST BE FULLY ANSWERED AND FEES PAID. FAILURE TO COMPLY WILL RENDER THIS APPLICATION INCOMPLETE AND NOT IN COMPLIANCE WITH ORDINANCE 2016-937: LICENSING OF RENTAL PROPERTIES (AS AMENDED).

A FLOOR PLAN MUST BE ATTACHED TO THIS REGISTRATION FORM. PLAN NEED NOT BE TO SCALE, BUT SIZE OR ROOMS MUST BE PROVIDED BY THE GENERAL ORDINANCES OF THE BOROUGH OF PINE HILL.

**PLEASE PRINT**

1. Rental Property Location:

_____	_____	_____	_____
Block	Lot	Street Address	Unit No.
_____		_____	_____
City		State	Zip

2. Name and address of record owner(s) of property. In the case of a partnership or corporation, list the names, addresses and phone numbers of all general partners and corporate officers.

_____	_____	_____	_____	_____
Owner Name	Street Address	City	State	Zip

_____	_____
Owner Phone Number	Owner Email Address

Record owner is a corporation \_\_\_\_\_ Record owner is a partnership \_\_\_\_\_  
 Corporate/Partnership Information:

_____	_____	_____	_____	_____	_____
Name & Title	Street Address	City	State	Zip	Phone Number

_____	_____	_____	_____	_____	_____
Name & Title	Street Address	City	State	Zip	Phone Number

_____	_____	_____	_____	_____	_____
Name & Title	Street Address	City	State	Zip	Phone Number

3. \_\_\_\_\_ The owner is a resident of Camden County. If the owner is not a resident of Camden County, please provide the name of a person who resides in Camden County who is authorized to accept notices from a tenant, to issue receipts, and to accept service of process on behalf of the record owner.

_____	_____	_____	_____	_____	_____
Name	Street Address	City	State	Zip	Phone Number

CONTINUED ON REVERSE SIDE

4. Name and address of the agent of the property, if any:

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Name	Street Address	City	State	Zip	Phone Number
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5. Name and address of superintendent, custodian, or other individual employed by the owner or agent to provide regular maintenance service, if any.

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Name	Street Address	City	State	Zip	Phone Number
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6. Representative of the owner or agent to be contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

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Name	Street Address	City	State	Zip	Phone Number
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7. List all holders of recorded mortgages on this property.

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Name	Street Address	City	State	Zip	Phone Number
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Name	Street Address	City	State	Zip	Phone Number
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There is no recorded mortgage on this property \_\_\_\_\_

8. Fuel Oil:  This property is not heated by fuel oil.  
 This property is heated by fuel oil but the landlord is not responsible for the supply of heat.

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Fuel Oil Dealer's Name	Street Address	City	State	Zip	Grade of Oil
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9. Number of sleeping rooms in this unit/model \_\_\_\_\_

10.  Enclosed is the floor plan for this unit/model.

11.  Enclosed is the required registration fee for this property.

12.  I am exempt from the registration fee. (This pertains to owner occupied units only.)

I hereby certify that the above information is true to the best of my knowledge, information and belief. I am aware that if the foregoing information supplied is willfully false, I am subject to penalties and criminal prosecution.

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Owner

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Date

Every person is required to file a registration form pursuant to this registration shall file an amended registration form within 20 days after any change in the information required to be included thereon. No fee shall be required for the filing of an amendment except when the ownership of the unit is changed.