

Borough of Clementon

101 Gibbsboro Rd.
Clementon, NJ 08021

Rental Property Registration & License Renewal

Housing Inspector 856-783-0284 ext. 127

*In accordance with Chapter 220 – Rental Properties, all questions must be answered and fee paid for compliance. Failure to comply will render this registration renewal incomplete. Incomplete registrations may result in summonses issued and mandatory court appearance with associated fines.

*Rental registrations & licenses may be revoked for rental properties with open violations or delinquent taxes/utilities.

*Annual fee of \$50 per rental unit & \$150 per building with 4+ units.

*A separate form is required for each building.

***PLEASE PRINT CLEARLY**. If not legible a new form will need to be submitted.

1. Property Location:

_____ (Street Address) (City) (State) (Zip)

Block _____ & Lot _____ Number of units per building _____

2. Record owner(s):

| Name | Street Address | City | State | Zip Code | Primary Phone | Email |
|------|----------------|------|-------|----------|---------------|-------|
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3. Registered/Authorized Agent or Emergency Contact: (if any)

| Name | Street Address | City | State | Zip Code | Primary Phone | Email |
|------|----------------|------|-------|----------|---------------|-------|
| | | | | | | |

4. Occupant/Tenant: (Only the occupants names listed below are permitted to reside on the premises, per. Ord. 220-6.J)

| Name | Primary Phone |
|------|---------------|
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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 be willfully false, I am subject to penalties and prosecution.

Record Owner Signature _____ Date ____/____/____

Print _____

**Every person required to file a registration form pursuant to this article, shall file an amended registration form within 20 days after any change in the information required to be included herein. No fee shall be required for the filing of an amendment, except where the ownership of the premises has changed.*

BELOW LINE OFFICE USE ONLY

Date Received: ____/____/____ Received By: _____ Fee Paid: yes / no Cash: _____ Check#: _____

Open Code/Zoning Violations: yes / no ~ Delinquent Utilities: yes / no ~ Tax Liens: yes / no

Borough Registration Number: _____ ~ Date Registration Completed: ____/____/____ ~ Logged By: _____