

Borough of Collingswood

Return this Form to:

Collingswood Fire Department
20 W. Collings Ave.
Collingswood, NJ 08108 Phone: 856-854-7447 x 0
Fax: 856-854-1279



LANDLORD IDENTITY STATEMENT N.J.A.C. 5:29-1.2 THRU 5:29-2.2 Collingswood Ordinance # 1127

Due Date: _____

BUILDING
ADDRESS _____

PURSUANT TO N.J.S.A. 46:8-27 THRU 37

Please type or print all information:

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows (name, address, and phone number):

2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows (name, address, and phone number):

Record owner is not a corporation

3. If the address of any record owner is not located in the county in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from a tenant to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address, phone number):

4. The name address of the managing agent is as follows (name, address, and phone number):

There is no managing agent

5. A superintendent, janitor custodian or other person employed to provide regular maintenance service are as follows (name, address including apartment number, dwelling unit, etc., phone number):

There is no superintendent, janitor custodian or other person employed to provide regular maintenance service.

PLEASE TURN OVER & COMPLETE PAGE 2

DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date _____ Amount \$ _____ Check # _____
Received

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (Name, Address and Phone number) :

7. The Name and Address of holders of recorded mortgages on the property are as follows:

There is NO record mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the Name & Address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (Name, address & Phone #):

The building is NOT heated by Fuel Oil.

The building IS heated by Fuel Oil, but the owner Does Not furnish heat.

9. Number of dwelling Units: _____

10. On the attached Tenant Information Form ,indicate the Unit number, List ALL Tenant's names (including children), ages, and a contact phone number. Include room dimensions as indicated.

11. A floor plan of the building must be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: If you have provided a floor plan previously and it is on file with the Fire Department, you do not need to submit a new one, unless there has been a change in the floor plan of the property.

Floor Plan Attached Floor Plan on file with Fire Department, no changes.

12 The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41. Yes NO

13. Driver's License # for the registering owner: _____ State: _____

Signature

Printed Name

Title

This form is to be completed and returned to the Collingswood Fire Department with the proper fee, payable to " Borough of Collingswood. "

If this form is not received by the due date indicated, a \$ 50.00 Late fee surcharge will be assessed.

If you have any questions concerning this form, please call the Collingswood Fire Dept. at 856-858-7447 x 0.

Do Not Write Below This Line / Official Use Only

Tax Record Checked : Yes Initials: _____



Collingswood Fire Department
20 West Collings Avenue
Collingswood, New Jersey 08108

856-854-7447 x 0 856-854-1279 (FAX)

Application For Certificate of Inspection

Please type or print all information

Address of Building _____

Name of Property _____

Business Phone _____

Owner of Property _____

Home Address _____

City _____ State _____ Zip _____

Cell/Daytime Phone _____ Home Phone () _____

Emergency Contacts: Name () _____

Name () _____

Owner of Business _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Contacts: Name () _____

Name () _____

PLEASE INDICATE WHO YOU WISH REGISTRATION INFORMATION TO BE FORWARDED TO:
Property Owner _____ Business Owner _____ Other/Agent _____

If Other/Agent:
Name _____

Address _____

City _____ State _____ Zip _____

Signature of Applicant Date

(Do Not Write Below This Line)

Date Received _____ Amount _____ Check # _____

Occupancy ID: _____

Collingswood Fire Department
Phone: 856-854-7447 x 0 Fax: 856-854-1279

**TENANT INFORMATION
COLLINGSWOOD**

20__

Please PRINT all information clearly

Property Address: _____

Owner/Agent Name: _____ Phone _____

Number of Units: _____ (All Information MUST be provided EACH YEAR)

Unit # _____

Room Dimensions **

Name of each occupant of this unit	AGE	Phone#	LR
_____			_____
_____			DR _____
_____			BR#1 _____
_____			BR#2 _____
_____			BR#3 _____
_____			BR#4 _____

Unit # _____

Room Dimensions

Name of each occupant of this unit	AGE	Phone#	LR
_____			_____
_____			DR _____
_____			BR#1 _____
_____			BR#2 _____
_____			BR#3 _____
_____			BR#4 _____

Unit # _____

Room Dimensions

Name of each occupant of this unit	AGE	Phone#	LR
_____			_____
_____			DR _____
_____			BR#1 _____
_____			BR#2 _____
_____			BR#3 _____
_____			BR#4 _____

**** ROOM DIMENSIONS MUST BE PROVIDED
EVEN IF A FLOOR PLAN IS ON FILE WITH THE FIRE DEPARTMENT**



Collingswood Fire Department

20 W. Collings Avenue

Collingswood, New Jersey 08108

856-854-7447 x 0

Fax: 856-854-1279

Housing Re-Inspection Fees

The Collingswood Fire Department Bureau of Inspections has recently conducted an inspection of your property. In Accordance with Collingswood Borough Ordinance #1127, the Re-Inspection fees as amended 07/07/2008 are as follows:

First Re-Inspection NO CHARGE

Second Re-Inspection \$ 30.00 Per Unit

Third Re-Inspection \$ 45.00 Per Unit

Fourth & subsequent Re-Inspections \$ 65.00 Per unit

It is your responsibility to call (856) 854-7447 Extension 0 Monday through Friday 8:00a.m. to 4:00 p.m. to schedule an appointment for re-Inspection before the required abatement date.