



**TOWNSHIP OF MOUNT LAUREL**  
 Community Development  
 100 Mount Laurel Road  
 Mount Laurel, NJ 08054  
 856-234-0001 ext. 1241

For Official Use Only

Rental Unit License #: \_\_\_\_\_  
 Reference #: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Cash  Check #: \_\_\_\_\_  
 By: \_\_\_\_\_

**APPLICATION FOR A RESIDENTIAL RENTAL UNIT REGISTRATION**

**PLEASE COMPLETE THIS APPLICATION AND RETURN PROMPTLY WITH YOUR PAYMENT.**

Application is hereby made to the Township of Mount Laurel to operate a Residential Rental Unit Business in Mount Laurel Township.  
 The following statements are made in order that the said Registration may be granted.

**SECTION 1 – RENTAL PROPERTY INFORMATION**

Rental Property Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_ Total # of Residential Rental Units in the building (including one listed above): \_\_\_\_\_

Does property owner reside in one of the units?  Yes  No

**SECTION 2 – PROPERTY OWNER INFORMATION**

Check:  Individual  Partnership\*  Corporation \*If a Partnership, provide information for ALL partners (use additional sheets if necessary)

Record Owner of Premises: \_\_\_\_\_ Record Co-Owner of Premises: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**If Owner is a Corporation, please provide:**

Contact Person: \_\_\_\_\_ Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Recorded Mortgage Holder**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Account #: \_\_\_\_\_

Mail Rental Correspondence to:

Has the Property Owner previously held a Residential Rental Unit Registration in Mount Laurel Township?

If Yes, has that registration ever been revoked or suspended?

Owner  
 Yes  
 No

Agent  
 No  
 No

**SECTION 3 – PROPERTY MANAGER OR LOCAL AGENT/EMERGENCY CONTACT**

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Manager/Agent Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**SECTION 4 – RENTAL PROPERTY SPECIFICATIONS**

Year of Construction: \_\_\_\_\_ # of Stories: \_\_\_\_\_ What floor is this unit on? \_\_\_\_\_

Total square footage of rental property: \_\_\_\_\_ sq. ft. – As specified in NJAC 5:10-22.3(a)

Total # of Sleeping Rooms: \_\_\_\_\_

Sq. Ft.	# of Sleeping Accommodations	Sq. Ft.	# of Sleeping Accommodations
Sleeping Room 1: _____	_____	Sleeping Room 4: _____	_____
Sleeping Room 2: _____	_____	Sleeping Room 5: _____	_____
Sleeping Room 3: _____	_____	Sleeping Room 6: _____	_____

\*"Sleeping Accommodations"=# of people each room may accommodate for sleeping, as specified in NJAC 5:10-22.3(d)

**Floor plan of rental property (to scale) attached?**

(A copy of the Residential Rental Unit floor plan (to scale) must be attached; each area must be labeled for its intended use and contain the total square footage of all spaces contained in the rental unit. All common areas must be identified as such.) Yes No

- Does property owner furnish heat in this rental property? Yes No
  - If you answered "yes" to Question #1, what type of fuel is used for heat? \_\_\_\_\_
- What type of fuel is used for appliances? \_\_\_\_\_

If you answered "Fuel Oil" to any of the questions above, please provide:

Fuel Oil Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Grade of Fuel Oil used: \_\_\_\_\_

**SECTION 5 – FEES**

At the time of the filing of the registration form and prior to the issuance of a registration, the owner or agent of the owner must pay a fee in accordance with the following:

An annual registration fee of:

- \$200.00 per unit for the first 10 rental units of a rental property.
- \$25 per rental unit for all rental units of the rental property in excess of 10 units.

Fees under this section shall be due and payable on the first day of October of each and every year. If any fee is not paid within 30 days of the due date a late charge of \$25.00 will be assessed.

**SECTION 6 – AFFIDAVIT**

By signing below, I hereby affirm that under penalty of perjury and those imposed by the Township of Mount Laurel, that the statements contained in this application are true and correct to the best of my knowledge and belief; I further affirm that I have read the Township's Ordinance and understand and agree that I will comply with all of the terms and conditions outlined; and I further affirm that the "unit" for which, Residential Rental Unit Registration I am applying for is in full compliance with the Township of Mount Laurel's Municipal Land Use and Development Chapter, the House Code, UCC Code, Uniform Fire Code of the State of New Jersey and the International Property Maintenance Code.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_