

Landlord's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Property Address: \_\_\_\_\_

## Landlord Registration Application

The following is a Registration Application to register a building within the City of Lambertville that contains dwelling units. This application is submitted by the Landlord pursuant to Chapter X Section 10-7 of the Revised General Ordinances of the City of Lambertville. Please **PRINT OR TYPE** all information.

### SECTION 1

Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_  
\_\_\_\_\_

Landlord's Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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

Landlord's e-mail address (optional): \_\_\_\_\_

**Address of Building to be registered:** \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Number of Dwelling Units in the Building: \_\_\_\_\_

Proof of the following must be attached:

- Property Taxes are current and paid in full
- Sewerage Charges are current and paid in full
- No assessments against property
- Proof of Land Use Approval (i.e. zoning permit, Planning Board/Zoning Board resolution, Certificate of Occupancy)

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**SECTION 2**

Please complete the following section for each dwelling unit.

1. Dwelling Unit: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet) \_\_\_\_\_

Number of Rooms for sleeping purposes \_\_\_\_\_

Gross floor area for each room for sleeping purposes in square feet \_\_\_\_\_

Total Number of Tenants permitted in the Dwelling Unit \_\_\_\_\_

Total number of occupants \_\_\_\_\_ Date occupancy commenced \_\_\_\_\_

Name of all tenants, including minors, who are residing in the dwelling unit

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2. Dwelling Unit: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet) \_\_\_\_\_

Number of Rooms for sleeping purposes \_\_\_\_\_

Gross floor area for each room for sleeping purposes in square feet \_\_\_\_\_

Total Number of Tenants permitted in the Dwelling Unit \_\_\_\_\_

Total number of occupants \_\_\_\_\_ Date occupancy commenced \_\_\_\_\_

Name of all tenants, including minors, who are residing in the dwelling unit

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### LANDLORD CERTIFICATION

**Note to Applicant:** Submitting false information, documentation or identification in connection with the Landlord's Registration Application shall pay a minimum fine of \$250.00, plus court costs for the first offense, minimum of \$1,225 for the second offense and \$2,000 for each offense thereafter. Any person who submits a false certification or documentation shall be subject to criminal prosecution, in addition to the penalties outlined in Section 10-7.11. In addition to the foregoing, a certificate of occupancy that is issued on the basis of information or documentation that is knowingly false or fraudulent when made, shall be subject to revocation pursuant to and in accordance with Chapter X Section 10-7 of the Revised General Ordinances of the City of Lambertville.

I, \_\_\_\_\_, hereby certify, in lieu of oath, that the foregoing statements made by me are true, full and perfect answers to each and all said questions. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment.

\_\_\_\_\_  
Signature of Property Owner/Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Property Owner/Landlord

**Please note that a notary seal shall be required for all corporate owned properties.**

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*Office Use Only*

Date Payment Received \_\_\_\_\_ Payment Amount \_\_\_\_\_ Received By \_\_\_\_\_

Copy of DCA Certificate of Registration is on File in the Clerks Office \_\_\_\_\_ Yes \_\_\_\_\_ No

Proof of Submission of the following Documents:

- |  |  |
|--|--|
| <input type="checkbox"/> Current Property Taxes          | <input type="checkbox"/> Proof of Land Use Approval      |
| <input type="checkbox"/> Current Sewerage Charge         | <input type="checkbox"/> Pre-Existing/Non-Conforming Use |
| <input type="checkbox"/> No assessments against property |  |

Zone: \_\_\_\_\_

**Tax Assessor Review:**

Assessed Multi-Family \_\_\_\_\_

Notes:

Date Reviewed by Tax Assessor: \_\_\_\_\_ Initial of Tax Assessor \_\_\_\_\_

**Zoning Official Review:**

Date Approve by Zoning Official \_\_\_\_\_ Initial of Zoning Official \_\_\_\_\_

Zoning Official Notes:

**Construction Official Review:**

Date Approve by CO \_\_\_\_\_ Initial of Construction Official \_\_\_\_\_

Construction Official Notes:

Registration Number \_\_\_\_\_ Date Issued \_\_\_\_\_