

**20 Property and/or Landlord Registration License**

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

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Agent or Managing Superintendent: \_\_\_\_\_

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

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

Total Number Non-owner occupied Units: \_\_\_\_\_

Dimensions of Bedroom #1: \_\_\_\_\_

Dimensions of Bedroom #2: \_\_\_\_\_

Dimensions of Bedroom #3: \_\_\_\_\_

Dimensions of Bedroom #4: \_\_\_\_\_

Dimensions of Bedroom #5: \_\_\_\_\_

I certify that the above information is true and that all rental units as defined in Ordinance 1438 (to include non-owner occupied property, vacant properties and/or properties available for sale) will have an active certificate of occupancy prior to any sale and/or occupancy of said property.

\_\_\_\_\_

\_\_\_\_\_

Owner

Date

This Form Must be completed and Returned



**Borough of Keansburg**  
 29 Church Street, Keansburg, NJ 07734

(If unit is vacant and/or non-owner occupied mark vacant)

Unit #: \_\_\_\_\_ Date Occupied: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ Total Occupants: \_\_\_\_\_

**Tenants Name(s):**

First Name:	Last Name:

**Children Name(s) and D.O.B:**

First Name:	Last Name:	D.O.B.

Unit #: \_\_\_\_\_ Date Occupied: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ Total Occupants: \_\_\_\_\_

**Tenants Name(s):**

First Name:	Last Name:

**Children Name(s) and D.O.B:**

First Name:	Last Name:	D.O.B.