

16. MANAGER Same As Building # 1

NAME: 1

NAME: 2

COUNTY **PHONE**

ADDRESS

CITY **STATE** **ZIP CODE**

21. Multiple dwelling Janitor or superintendent (if 9 or more units) Same As Building # 1

NAME

ADDRESS

APARTMENT/ ROOM NUMBER **BUILDING NUMBER** **PHONE**

CITY **STATE** **ZIP CODE**

22. Individual who can authorize emergency repairs and expenditures Same As Building # 1

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY **STATE** **ZIP CODE**

RETURN CERTIFICATE AND \$10.00 FEE FOR EACH BUILDING TO:

**Department of Community Affairs
Division of Codes and Standards
Bureau of Housing Inspection
101 South Broad Street, PO Box 810
Trenton, New Jersey 08625-0810**

THIS FORM MUST BE SIGNED AND ALL INFORMATION MUST BE SUPPLIED INCLUDING ALL PHONE NUMBERS. IF THIS APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE OWNER.

X _____
Owner Signature

_____ Date

FOR OFFICE USE ONLY