

**BOROUGH OF SWEDESBORO
RENTAL HOUSING INSPECTION OFFICE**

1500 Kings Highway
Swedesboro, NJ 08085
Phone: 856-467-0202 Fax: 856-467-5767

RENTAL FACILITY REGISTRATION (RFR) INSTRUCTIONS

Fillable RFR forms are available on our website @ HISTORICSWEDESBORO.COM. Click the **FORMS & CODES** box in the center of the Home Page, then from the left hand column under Public Documents click Misc. Documents.

1. Rental Facility Registration Forms must be submitted annually.
2. Inspections are required at least once every 24 Months.
3. Check the Rental Facility Inspection List to determine when your property will require an inspection.
4. Rental Facilities must pass inspection by June 30th .
5. Re-inspections must be completed within 30 days of the Initial Inspection.
6. RFR SECTION A needs to be completed once for each Block and Lot.
7. RFR SECTION B must be completed for each rental unit.
8. Include a check for the Annual Registration Fee of \$75.00 per Rental Unit (**\$150.00 if submitted after January 31**) made payable to Borough of Swedesboro.
9. You must list every tenant (including minor children) by name (first and last).
10. You must include a copy of the tenant's Certificate of Occupancy (CO) along with your RFR. Failure to include a CO will constitute an incomplete application.
11. An incomplete RFR will not be accepted and may subject you to late fees.
12. **It is your responsibility to contact the Borough Hall to schedule all Inspections.**
13. A Re-inspection Fee of \$75 dollars will be charged for the third and any subsequent re-inspection.
14. Failure to have your property pass inspection by June 30th will result in the filing of a complaint in municipal court for operating a Rental Facility without a License.
15. A Rental Facility License will not be issued until you have paid all applicable fees, taxes and other Municipal assessments.
16. If you no longer intend to rent your property simply complete SECTION A and SECTION B under NON-RENTAL UNIT CERTIFICATION. No Fee is required.

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RENTAL FACILITY INSPECTION LIST

The Tax Block will determine when your Rental Unit will be inspected.

BLOCKS INSPECTED IN ODD YEAR			
1	2	3	4
5	6	7	8
9	10	11	12
13	14	16	17
18	19	20	21
22	23	24	25
26	27	33	34
35	36	37	43

BLOCKS INSPECTED IN EVEN YEAR			
28	29	31	31.01
32	32.02	38	39
40	41	42	42.01
42.02	42.03	42.04	42.05
44	45	46	47
48	48.01	48.02	48.03
49	50	51	52
52.01	52.02	52.03	53
54	55		

**BOROUGH OF SWEDESBORO
HOUSING INSPECTION OFFICE**

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Swedesboro, NJ 08085

Phone: 856-467-0202 Fax: 856-467-5767

20__ RENTAL FACILITY REGISTRATION

For Lots w/ more than one Rental Unit, complete Section A once and a Section B for each Rental Unit.

SECTION A

GENERAL INFORMATION

RENTAL PROPERTY

STREET ADDRESS: _____

BLOCK: _____ LOT: _____ NUMBER OF RENTAL UNITS: _____

OWNER

(List information on all General Partners or Corporate Officers. Attach additional sheet if necessary)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____ @ _____

MANAGER / LOCAL CONTACT

CHECK BOX IF SAME AS OWNER:

(If owner is not a resident of Swedesboro, NJ, please provide authorized individual information for acceptance on notices from tenant, to issue receipts therefore and accept/contract service of process on behalf of the owner)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

**RENTAL FACILITY APPLICATION
SECTION A
CONTINUED**

BLOCK: _____ **LOT:** _____

SUPERINTENDENT/JANITOR/CUSTODIAN

CHECK BOX IF SAME AS OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

OWNER'S EMERGENCY AGENT

(The individual authorized to make emergency decisions regarding this rental unit if owner/agent is unavailable)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

MORTGAGE HOLDERS

CHECK BOX IF NONE:

(List all holders of recorded mortgages on this rental property. Attach additional sheet if necessary)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

END SECTION A

**RENTAL FACILITY APPLICATION
SECTION B**

BLOCK: _____ LOT: _____ UNIT #: _____

OWNER: _____

SECTION B

UNIT INFORMATION

TOTAL SQUARE FOOTAGE OF LIVING SPACE: _____

(Do not include unfinished Basement, unfinished Attic, Bathrooms, Closets or Hallways)

SQUARE FOOTAGE OF EACH BEDROOM:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

TOTAL NUMBER OF OCCUPANTS: _____

NAMES OF ALL OCCUPANTS:

FIRST: _____ LAST: _____

UTILITIES AS PROVIDED BY LEASE: CHECK ALL BOXES THAT APPLY

OWNER: HEAT: ELECTRIC: WATER: SEWER: YARD MAINTENANCE:

TENANT: HEAT: ELECTRIC: WATER: SEWER: YARD MAINTENANCE:

**RENTAL FACILITY APPLICATION
SECTION B
CONTINUED**

BLOCK: _____ **LOT:** _____ **UNIT #:** _____

FUEL HEAT DEALER **NATURAL GAS:** **OIL:** **PROPANE:** **ELECTRIC:**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

NON-RENTAL UNIT CERTIFICATION:

I, _____ certify this is not a Rental Unit. _____ (Initial)

DATE OF LAST CO INSPECTION: MONTH: _____ **DAY** _____ **YEAR** _____

(Attach copy of most recent Certificate of Occupancy issued by Woolwich Township Construction Office)

OWNER/AGENT CERTIFICATION:

Owner/Agent Certification: I hereby certify that all the above information is true to the best of my knowledge, and belief. I am aware that if the foregoing information is willfully false, that I am subject to penalties and criminal prosecution.

OWNER /AGENT SIGNATURE

DATE

NOTE: Every property owner is required to submit a license application. Pursuant to the application an amended registration form must be filed within 20 (twenty) days. Any change in the information is required to be included therein. No additional fee shall be required for the filing of an amended registration form. A new license application must be completed when a property is sold. All Municipal assessments must be satisfied or a license will not be issued and will be considered incomplete and not in compliance with Borough of Swedesboro Code Chapter 254.

FOR OFFICIAL USE ONLY

DATE: _____ **FEE:** \$75.00 \$150.00 **CASH:** **CHECK#:** _____

TAXES DUE: Y N **UTILIY DUE:** Y N **ASSESSMENTS SATISFIED:** Y N