

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](http://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 30<sup>th</sup>.
5. Re-inspections must be completed within 30 days of the Initial Inspection.
6. RFR SECTION A needs to be completed once for each property (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 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 30<sup>th</sup> will result in the filing of a complaint in municipal court for operating a Rental Facility without an inspection report.
15. A Rental Facility inspection report 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 INPECTION LIST**

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

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

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

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WWW.HISTORICSWEDESBORO.COM

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20\_\_\_ **RENTAL FACILITY REGISTRATION**

For Lots with 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 rental facility 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 rental facility application must be completed when a property is sold. All Municipal assessments must be satisfied or a rental facility inspection report 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