



BOROUGH OF BOUND BROOK

BUREAU OF HOUSING INSPECTIONS

230 Hamilton St. Bound Brook, NJ 08805
Phone: (732) 356-0833 Fax: (732) 560-9136

Housing Official

New Registered Operator Information – Must Be Returned with FEE

Registered Rental Property Operator License NOTE: Fields outline in RED must be filled in

PROPERTY INFORMATION

Address: _____ Complex Name (if applicable) _____

Date: _____ Block / Lot: _____ **Check One:** Residential Mixed Used

Building Type (Check One): 1Unit 2 Unit Multiple Dwelling - Total # of Units _____

Indicated the type/use of the property:

- Mixed Use (Combination of Both Commercial and Residential units)
- Single Family Property that will be RENTED
- 2 Family (UNIT) Property that will be owner Occupied
- 2 Family (UNIT) Property that will NOT be owner Occupied (both units will be rentals)
- 3 or more Family Property

OWNER INFORMATION

Owner in Title: _____

Address: _____

Phone# _____ (At least one number must be 24 hour accessible)

Email: _____ EIN/SSN: _____

If the owner is other than an individual, the Registered/Managing Agent who will accept all legal notices on the owners behalf
REGISTERED / MANAGING AGENT (if SAME – Type SAME in fields)

Registered/Managing Agent: _____

Address: _____

Phone# _____ (At least one number must be 24 hour accessible)

Email: _____ EIN/SSN: _____

SUPER / CUSTODIAN / JANITOR INFORMATION (if SAME – Type SAME in fields)

Super / Custodian / Janitor: _____

Address: _____

Phone# _____ (At least one number must be 24 hour accessible)

Email: _____ EIN/SSN: _____

EMERGENCY CONTACT IF OWNER CANNOT BE REACHED – This person must have authority to make decisions regarding the premises and any expenditures necessary for emergency repair.

Name: _____ Phone: _____



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RESIDENTIAL UNITS ONLY:

Total number of residential UNITS -

For each dwelling unit, complete the following:

Dwelling #1: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #2: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #3: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #4: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #5: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #6: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #7: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #8: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #9: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Dwelling #10: Unit Number _____ Name of Lease: _____
 # of Bedrooms ____ # of Baths ____ Kitchen Living Room Dining Room # of Occupants ____

Mixed Use State number of COMMERCIAL units - Place 0 if not mixed use:

List the name of each Business in each Commercial Unit. If vacant state Vacant.

Commercial Unit #1 - DBA: _____
 Business Owner Name: _____ Contact Number: _____

Commercial Unit #2 - DBA: _____
 Business Owner Name: _____ Contact Number: _____

Commercial Unit #3 - DBA: _____
 Business Owner Name: _____ Contact Number: _____

I hereby acknowledge that I have read this application, the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and such hereby agree to comply with the applicable requirements of the Borough of Bound Brook.

Applicant Signature

Date