



# **BOROUGH of ROSELAND**

300 Eagle Rock Avenue, Roseland, NJ 07068

[www.roselandnj.org](http://www.roselandnj.org)

MAYOR **JAMES R. SPANGO**

Steven Willenborg

Code Enforcement Department

Telephone: (973) 403-6046

[CodeEnforcement@RoselandNJ.org](mailto:CodeEnforcement@RoselandNJ.org)

## **STEPS FOR SUBMITTING YOUR LANDLORD RENEWAL FORM**

**ALL INFORMATION IS REQUIRED TO PROCESS YOUR APPLICATION.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

1. Do not put multiple units on the same form. PLEASE FILL OUT A SEPARATE FORM FOR EACH UNIT YOU OWN.
2. Review your Landlord Renewal Form to ensure all information is correct.
3. Be sure to include all updated phone numbers and contact information.
4. Complete all of the fields of the form and sign where indicated.
5. Print legibly and spell names of ALL tenants, including children.
6. If you do not have a Certificate of Continued Occupancy (CCO) for the current tenants, please apply for a new CCO (Rental) when you submit your Landlord Renewal Form.
7. If you do not have a valid annual Certificate of Registration with the Borough Clerk, please apply for one prior to submitting this Landlord Renewal Form.
8. If the property is currently vacant, you are still required to register the property. Please write "Vacant" or "Unoccupied" under the section where you would list the tenants.
9. Return the completed registration form no later than January 31<sup>st</sup>, or you may be subject to a fine.
10. You can either mail the paperwork or drop it off at the Construction window at 300 Eagle Rock Avenue, Roseland, during our regular business hours.

Please call (973) 403-6046 with any questions during our regular business hours, Monday – Friday, 8:30 am – 4:30 pm.

Thank you.

Borough of Roseland Code Enforcement Office

## LANDLORD RENEWAL FORM

| Property Information           |        |       |           |
|--------------------------------|--------|-------|-----------|
| Street Address & Dwelling Unit |        | Block | Lot       |
| Owner Information              |        |       |           |
| Name                           |        |       |           |
| Address                        |        | City  | State Zip |
| Email                          | Cell # |       | Phone #   |

| Managing Agent |        |      |         | <input type="checkbox"/> Check here if there is no managing agent |
|----------------|--------|------|---------|-------------------------------------------------------------------|
| Name           |        |      |         |                                                                   |
| Address        |        | City | State   | Zip                                                               |
| Email          | Cell # |      | Phone # |                                                                   |

| Authorized Agent (Required to be within Essex County)                                                                                                                                                                                                                                                                                                |        |      |         |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|---------|-----|
| <i>If no owner(s) and no managing agent resides within Essex County, in which the dwelling is located, please provide contact information for a person who resides in the county and is authorized to accept notices from a tenant, issue receipts for those notices, and accept services of process on behalf of out of county record owner(s).</i> |        |      |         |     |
| Name                                                                                                                                                                                                                                                                                                                                                 |        |      |         |     |
| Address                                                                                                                                                                                                                                                                                                                                              |        | City | State   | Zip |
| Email                                                                                                                                                                                                                                                                                                                                                | Cell # |      | Phone # |     |

| Superintendent/Janitor/Custodian |        |      |         | <input type="checkbox"/> Check here if there is no such agent |
|----------------------------------|--------|------|---------|---------------------------------------------------------------|
| Name                             |        |      |         |                                                               |
| Address                          |        | City | State   | Zip                                                           |
| Email                            | Cell # |      | Phone # |                                                               |

**Emergency Contact Information**

*Individual representative of the owner or managing agent who may be reached at any time in the event of an emergency affecting the dwelling and/or who has authority to make emergency decisions concerning the premises including the making of repairs and expenditures.*

Name

Address

City

State

Zip

Email

Cell #

Phone #

**Name all tenants, including minors: (Please PRINT clearly)**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

Tenant Emergency Phone Number: \_\_\_\_\_

\*Any change(s) to information provided on the initial registration that are not shown above, must be submitted on a separate sheet with this renewal.

*By affixing my signature below, I certify that the above information is true and that I am the owner/landlord, corporate officer, or partner/manager authorized to sign this registration. I further certify that I will NOT authorize more than the maximum permitted number of tenants which is set forth on the current and valid CCO for this dwelling unit. I further certify that I understand pursuant to Chapter 11 of the Code of the Borough of Roseland, an application to renew the Landlord Registration Form shall be filed annually, no later than January 31<sup>st</sup>, and amended, as necessary, within 20 days of each change of occupancy of the rental unit. I understand that in the event there are any changes in ownership of this rental facility, or rental status, I am required by law to notify the Borough of Roseland before such changes occur.*

\_\_\_\_\_  
Name of Landlord/Authorized Agent\_\_\_\_\_  
Signature of Landlord/Authorized Agent\_\_\_\_\_  
Date**OFFICE USE ONLY**

Received By: \_\_\_\_\_

Received On: \_\_\_\_\_