80 Bloomfield Avenue • Caldwell, NJ 07006 • 973-226-6100 • Fax 973-403-1355

APPLICATION FOR A LICENSE TO RENT

PROPERTY ADDRESS: _____

NAME & ADDRESS OF LANDLORD:

_____

EMAIL ADDRESS OF LANDLORD: _____ PHONE:_____

NAME & ADDRESS OF SUPERINTENDENT:

_____PHONE: _____

NAME & ADDRESS OF MANAGING AGENT:

_____PHONE: _____

ESTIMATED VACANT HOUSING SPACE UNITS AND APARTMENT NUMBERS AS OF 8/1: _____

RENT FOR EACH HOUSING SPACE UNIT FOR MONTH OF AUGUST (ADDITIONAL PAGES MAY BE ATTACHED)

APT. NUMBER	BASE RENT	RENT FOR ADDITIONAL GARAGE OR PKG. SPACE	SURCHARGES (IF ANY)	TOTAL RENT	EFFECTIVE DATE OF MOST RECENT INCREASE	TYPE & DATE EXPIRATION OF SURCHARGES

NUMBER OF UNITS _____ X $30.00 = $_____ (Include Super's apartment & exclude Owner Occupied Apartment)
Make check payable to: Borough of Caldwell

Per Ordinance No.1443-23 a certificate of insurance must be filed with the Municipality, along with a $25 insurance filing fee

I hereby certify that the dwelling and housing space units are in substantial and material compliance with the health, building, plumbing, electrical, zoning, safety, fire, and minimum housing standards, and all departmental regulations established pursuant the laws of the Borough, County, State of New Jersey, and United States of American, and that, after diligent inquiry, all facts contained herein are true to the best of my knowledge, information, and belief, except as follows:

If None, write NONE.

_____ _____

(Signature of Owner) **(Dated)**

If Owner Occupied two-family home, no license fee is required, insurnace requirement is still applicable. Please return completed form to office for filing

FOR OFFICE USE ONLY:

Date application filed: _____ Amount Received: $_____ Check #_____ License #_____
Received by: _____