

City of Salem, New Jersey

Certificate of Occupancy & Landlord Rental Registration Application



Property Information

- **Property Address:** _____
- **Block:** _____ **Lot:** _____ **Unit # (if applicable):** _____
- **Type of Occupancy:** Single-Family Multi-Family Other: _____
- **Number of Sleeping Rooms:** _____
- **Utilities Included in Rent:** _____

Purpose of CO: ___ Sell property ___ Rent property to tenant ___ Get Certificate of Occupancy

Owner Information

- **Owner(s) Name(s):** _____
- **Mailing Address:** _____
- **Phone (Day):** _____ **Phone (Evening):** _____
- **Email:** _____
- **Corporation / LLC / Partnership** (Attach Certificate of Formation)

City Department Sign-Offs

- **Tax Collector's Office Representative:** Taxes Paid in Full Lien/Unpaid taxes

Signature: _____ **Date:** _____

Inspections Department:

- **Initial Inspection Date:** _____ Result: Pass Fail
- **Reinspection Date:** _____ Result: Pass Fail
- **Reinspection Date:** _____ Result: Pass Fail
- **Reinspection Date:** _____ Result: Pass Fail

Management / Emergency Contact Information

- **Property Manager / Agent (if any):** _____
 - **24-Hour Emergency Contact Name:** _____
 - **Emergency Contact Phone:** _____ **Cell:** _____
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Mortgage & Insurance

- **Mortgage Holder(s):** _____
 - **Insurance Carrier & Policy Number:** _____
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Resident/Tenant Information (*List all tenants authorized to occupy this rental unit or purchased*)

<i>Name</i>	<i>Age</i>	<i>Gender</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification by Owner/Agent

I hereby certify that:

1. All information provided above is true and complete.
2. There are **no outstanding municipal charges** associated with this property, including real estate taxes, water/sewer, court fees, or other assessments.
3. I understand that falsifying information may result in denial or revocation of the Certificate of Occupancy and Rental Registration.

Signature of Owner/Agent: _____ **Date:** _____

Fees

- **Initial Inspection Fee:** \$50.00
 - **Reinspection Fee:** \$50.00
(Payable to the City of Salem – Department of Inspections & Permits)
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For Official Use Only

- **Issue Date:** _____
- **Expiration Date:** _____
- **Lead Safe Certification:** Yes ____ No ____ Now they have it ____
 - **Date**