



TENANT TRANSFER RENTAL APPLICATION TOWNSHIP OF EWING

1666 PENNINGTON ROAD, EWING, NJ 08618 (REAR ENTRANCE)

(609) 883-2900 Ext 7676 FAX (609) 406-1384

ADDRESS OF PROPERTY TO BE INSPECTED: _____

APPLICANT'S NAME: _____
OWNER'S NAME: _____
OWNER'S ADDRESS: _____
CITY/STATE _____ ZIP: _____
PHONE: _____ LOCK BOX# _____
WE CAN'T ACCEPT JUST LLC- PLEASE PUT OWNERS NAME OF LLC

TENANT'S NAMES: _____

Is Rental Property Registered : **YES** _____ **NO** _____ Fire Prevention Registration Complete **YES** _____ **NO** _____

PROPERTY DESCRIPTION

CHECK ONE

Single Family Dwelling \$125.00

Multi-Dwelling (# of units _____) \$125.00 Per Unit

Number of Kitchens _____ Number of Bathrooms _____
Number of Bedrooms _____ Number of Den /Dining Room _____
Garage _____ Finished Basement _____ Yes _____ No _____
Is Basement being Rented _____

Smoke and Carbon Monoxide Detector Information

Number of Battery Operated Smoke Detectors: _____
Number of Hardwired Smoke Detectors: _____
Number of Carbon Monoxide Detectors: _____

COMPLETED REPORT: _____ **PICKUP** _____ **OR MAIL :** _____

Applicant's Signature **Date:** _____

A CO indicates that a visual inspection of the above structure was performed to ensure compliance with the International Property Maintenance Code, 1998 edition. A CO by no means constitutes nor acts as a guarantee of any part of the structure.

******* FOR OFFICE USE ONLY*******

Block: _____ Lot: _____ **OPEN UCC PERMITS:** _____ NO _____ Yes **PERMIT NUMBER** _____
OPEN UCC VIOLATIONS: _____ NO _____ Yes **VIOLATION NUMBER** _____ **IS THE PROPERTY VACANT :** _____ NO _____ Yes _____
COMPLAINTS ON PROPERTY _____ NO _____ YES NUMBER _____ **TAXES CURRENT** _____ YES _____ NO _____
CASH \$ _____ CHECK # _____ CREDIT CARD _____ AMOUNT _____
COLLECTED BY _____ DATE _____