



TENANT TRANSFER RENTAL APPLICATION TOWNSHIP OF EWING

MUNICIPAL COMPLEX 2 JAKE GARZIO DRIVE, EWING, NJ 08628 (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** : _____

Date: _____

Applicant's Signature _____

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 _____