



MINE HILL TOWNSHIP

Municipal Building, 10 Baker Street, Mine Hill, NJ 07803

Construction Department
 Office: (973) 366-9031 x 5
 Fax: (973) 366-1626

Fire Safety and Habitability Application for Rental and/or Resale of Residential Property

Address of Property _____

Unit # _____ Block _____ Lot _____
 (A form must be completed for each rental unit)

<input type="checkbox"/> Rental Lease Start Date _____ End Date _____	<input type="checkbox"/> Resale of Residential Property Closing Date _____
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<input type="checkbox"/> 15 + days prior to closing \$100	<input type="checkbox"/> 6-14 days prior to closing \$125	<input type="checkbox"/> 5 days or less \$175
<input type="checkbox"/> Fire Safety Inspection for Rental Property \$150		

Current Property Owner _____
 Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____

Tenant or Purchaser Information

(Use separate sheet if necessary)

Name	Phone Number

Description of Dwelling:

Number of.....

Single Family

Floors, including basement_____

Duplex

Bedrooms_____Kitchens_____

Multi-family

Bathrooms_____Garage/Sheds_____

Townhouse/Condo

Smoke Detectors_____

Other

CO Detectors_____

Type of Heat

Oil

Gas

Electric

Please check all that apply *Please note if a property is a rental and has a septic system, a copy of a septic inspection report by an engineer or a certified septic inspector is required***

<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Septic
<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Private Well
<input type="checkbox"/> Fire Extinguisher Present in Kitchen	<input type="checkbox"/> House # Identification

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**FOR RENTAL PROPERTIES ONLY**

**PLEASE ATTACH A COPY OF THE FLOOR PLAN TO THIS APPLICATION**

**Responsible Party/Property Manager** (A person who resides in Morris County and is authorized by the property owner to accept notices from the tenant or municipality, to issue receipts for these notices, and to accept service of process on behalf of the property owner and who may be reached at any time in the event of an emergency – if additional contacts are needed, please use reverse side or attach additional sheet if necessary).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

24 Hour Telephone#: \_\_\_\_\_

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Owner Certification:

Rental properties must check off both certifications

I hereby certify that all the above information is true to the best of my knowledge, and belief, I am aware that if the foregoing information is willingly false, that I am subject to penalties and criminal prosecution.

I hereby certify that I am fully aware that if there is a change in tenancy, I am required to re-register the above mentioned property.

Owner Signature: _____ Date: _____

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

Date received \_\_\_\_\_ Inspection Date \_\_\_\_\_ after 1pm  
Fee \$ \_\_\_\_\_ Check/Cash \_\_\_\_\_ Check# \_\_\_\_\_ Control # \_\_\_\_\_  
Received and Entered by \_\_\_\_\_ Date \_\_\_\_\_