

**\*PLEASE INCLUDE APPLICATION FEE OF \$50**

**Borough of Wildwood Crest - Zoning Office**  
6101 Pacific Avenue, Wildwood Crest, NJ 08260  
Phone (609) 729-8089 Fax (609) 522-7380 [www.wildwoodcrest.org](http://www.wildwoodcrest.org)  
Patrick J. Malia, Zoning Official

**Application for Certificate of Zoning Use Compliance**  
**MERCANTILE**

Control Number:  
Certificate Number:

**Property Address:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_

**Is this property a condo-owned unit?**  **yes**  **no/** Unit number \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Applicant standing:** \_\_\_\_\_

Address:  
Phone No.  
Fax No.

**Property Owner Name and Address:** \_\_\_\_\_

**What is the current use of the property/structure(s) for which a Certificate is Requested?**

Residential:  Single Family  Two-Family  Residential: Multi-family, Total No.Units \_\_\_\_\_

Hotel/Motel: Number of Units \_\_\_\_\_  Business: Describe \_\_\_\_\_

Marine Commercial  Other, describe \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that all the information that I provide on this application  
(print name)  
is correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

.....  
ZONING Office Only

Fee: \_\_\_\_\_ Check no.: \_\_\_\_\_ Received By: \_\_\_\_\_ Received From: \_\_\_\_\_ Deposited: \_\_\_\_\_

(rev. 9-15)

OFFICE OF THE BOROUGH CLERK  
BOROUGH OF WILDWOOD CREST

TO: OWNERS OF RENTAL UNITS

SUBJECT: LANDLORD STATEMENT IN COMPLIANCE WITH N.J.S.A. 46:8-28

Pursuant to State Law (N.J.S.A. 46:8-28) every landlord shall file a registration form with the clerk of the municipality where the dwelling is situated, for buildings with single unit dwellings and two unit dwellings that are not owner occupied. In order to comply, please return the fully completed Landlord Registration Statement.

Owners of multiple dwellings (buildings with three or more dwellings) are required to register with the Bureau of Housing Inspection in accordance with State Law (N.J.S.A. 55:13A-1 et seq.). Contact the Bureau of Housing Inspection at (609) 633-6225, P.O. Box 810, Trenton, New Jersey 08625, or [http://www.state.nj.us/dca/divisions/codes/publications/pdf\\_bhi/bhi\\_reg\\_instr.pdf](http://www.state.nj.us/dca/divisions/codes/publications/pdf_bhi/bhi_reg_instr.pdf).

In addition, please note that pursuant to the terms of N.J.S.A. 46:8-29 every landlord shall provide each occupant or tenant in his building or project a copy of the certificate of registration.

Failure to comply carries with it a maximum penalty of \$500.00 for each offense.

Thank you for your anticipated cooperation.

**LANDLORD REGISTRATION STATEMENT**

1. Property Address: \_\_\_\_\_

2. The names and addresses of all record owners of the building or the rental business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If the record owner is a corporation, the names and addresses of the registered agent and corporate officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: #4 MUST BE COMPLETED IF ADDRESS OF RECORD OWNER IS NOT IN CAPE MAY COUNTY**

4. If the address of any record owner is not located in the county in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s):

\_\_\_\_\_

5. The name and address of the managing agent is as follows:  There is no managing agent.

\_\_\_\_\_

6. The name and address, incl. the dwelling unit, apt. or room number of the superintendent, janitor, custodian or other individual employed by the record owner or managing agent to provide regular maintenance service:

\_\_\_\_\_

There is no superintendent, janitor, custodian or other person employed to provide regular maintenance.

7. The name, address and telephone of an individual representative of the owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures:

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

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

8. The names and addresses of all holders of recorded mortgages on the property are as follows:

\_\_\_\_\_

There is no recorded mortgage on the property.

9. If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

The building is not heated by fuel oil.  The building is heated by fuel oil, but landlord does not furnish heat.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

## Mercantile Residential Rental License Application Or Residential Rental Registration

New Application     Renewal/Update

1. Name of Owner(s): \_\_\_\_\_

2. Property Street Address: \_\_\_\_\_ Condo Unit # \_\_\_\_\_

**\*STOP: IF YOU WILL NOT BE RENTING OR OFFERING TO RENT YOUR PROPERTY, PLEASE, SIGN AND DATE STATEMENT BELOW AND RETURN TO ABOVE ADDRESS.**

**RENTALS SKIP AND GO TO #3.**

***"I hereby certify I will NOT be renting or offering to rent the above property."***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. Permanent Address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

4. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Must provide a separate emergency contact in the event owner cannot be reached)

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*(ALL Rental Properties must be registered and inspected by Fire Prevention, call 609 729-5152, Ext. 135)*

5. **PROPERTY DESCRIPTION:**     **Seasonal/Short Term Rental**     **Year Around Leased Rental**  
*(Attach copies of year around leases)*

A. SINGLE HOME, CONDO UNIT or TOWNHOUSE: Number of Sleep Rooms: \_\_\_\_\_

B. APARTMENTS, DUPLEX, HOUSE with Apartments: (include house as a unit)

Total # of Residential Buildings on Property: \_\_\_\_\_ Total # of **ALL** Residential Units on Property: \_\_\_\_\_

Total # of Seasonal/Short Term units **for Rent**: \_\_\_\_\_ AND Total # of sleep rooms in the units: \_\_\_\_\_

Total # of Year Around leased units : \_\_\_\_\_ AND Total # of sleep rooms in the units: \_\_\_\_\_

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**A DETAILED AND ACCURATE FLOOR PLAN SKETCH OF THE PROPERTY, TO INCLUDE ALL ROOMS AND SQUARE FOOTAGE OF ROOMS, MUST BE ATTACHED TO THIS APPLICATION. ANY APPLICATION SUBMITTED WITHOUT FLOOR PLAN WILL BE DENIED.**

(Certificate of Zoning Use Compliance is required for all new licenses, change in applicant or change of use)

Applicant hereby states they are not in default, indebted or obligated to the Borough of Wildwood Crest except for current taxes, that the property is not in violation of any local ordinance and all information supplied is true and correct to the best of their knowledge and belief. *(NOTE: State statute prohibits issuance of any mercantile license if owner is in default for real estate taxes, sewer charges, or any code violations.)*

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please mail or email to [LScott@WildwoodCrest.org](mailto:LScott@WildwoodCrest.org) with required attachments. You will be invoiced for license fees due, or you may contact the mercantile office at 609 729-8039 for applicable fees.*