



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# _____	TENANT'S NAMES: _____ _____ _____ _____
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Is Rental Property Registered : **YES** _____ **NO** _____

Is Rental Property Registered with Fire Prevention **YES** _____ **NO** _____

PROPERTY DESCRIPTION

<p style="text-align: center;">CHECK ONE</p> <p>Single Family Dwelling \$125.00 <input type="checkbox"/></p> <p>Multi-Dwelling <input type="checkbox"/> (# of units _____) \$125.00 Per Unit</p>	<p>Number of Kitchens _____ Number of Bathrooms _____</p> <p>Number of Bedrooms _____ Number of Den /Dining Room _____</p> <p>Garage _____ Finished Basement _____ Yes _____ No _____</p> <p>Is Basement being Rented _____</p>
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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 :** _____

ALL CERTIFICATES AND/OR VIOLATION LIST MAY BE PICKED UP 3 WORKING DAYS AFTER THE INSPECTION

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** _____ **Ref #** _____

OPEN UCC VIOLATIONS: _____ **NO** _____ **Yes** **VIOLATION NUMBER** _____ **Ref #** _____

IS THE PROPERTY LISTED AS VACANT : _____ **NO** _____ **Yes**

CASH \$ _____ **CHECK #** _____ **CREDIT CARD** _____ **AMOUNT** _____

COLLECTED BY _____ **DATE** _____