

OWNER'S LICENSE # _____ PROPERTY # _____



CITY OF TRENTON – NON-OCCUPANT OWNER LICENSE APPLICATION

DIVISION OF HOUSING INSPECTIONS

319 E. STATE STREET, TRENTON, NEW JERSEY 08608 (609) 989-3563

(COMPLETE ALL INFORMATION REQUESTED BELOW WHERE APPLICABLE. IF MORE THEN ONE PERSON OWNS THIS PROPERTY, PROVIDE THE INFORMATION FOR EACH OWNER IN THE SPACE PROVIDED. REMINDER: ALL CORPORATIONS MUST HAVE A REGISTERED AGENT.)

FIELDS MARKED BY AND ASTERISK (*) ARE MANDATORY. YOU MAY INDICATE A SEPARATE MAILING ADDRESS. ALL INFORMATION PROVIDED IS CONFIDENTIAL.

PROPERTY ADDRESS: _____		
# OF STRUCTURES: _____	# OF RESIDENTIAL UNITS: _____	# OF COMMERCIAL UNITS: _____

1. *OWNER'S NAME: _____

*SOCIAL SECURITY NO. _____ / _____ / _____ *DATE OF BIRTH _____ / _____ / _____

*HOME ADDRESS: _____

*CITY _____ STATE _____ ZIP CODE _____

ADDITIONAL MAILING INFORMATION

*DAY PHONE _____ *NIGHT PHONE: _____ CELL #: _____ FAX #: _____

2. ADDITIONAL OWNER'S NAME: _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH _____ / _____ / _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

ADDITIONAL MAILING INFORMATION

DAY PHONE _____ NIGHT PHONE: _____ CELL #: _____ FAX #: _____

3. AGENT OR MANAGER'S NAME: _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH _____ / _____ / _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

ADDITIONAL MAILING INFORMATION

DAY PHONE _____ NIGHT PHONE: _____ CELL #: _____ FAX #: _____

4. NAME OR CORPORATION (IF APPLICABLE): _____

PRINCIPAL OWNER'S NAME: _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH _____ / _____ / _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

ADDITIONAL MAILING INFORMATION

DAY PHONE _____ NIGHT PHONE: _____ CELL #: _____ FAX #: _____

I HEREBY ATTEST/SWEAR THAT THE INFORMATION CONTAINED ON THIS LICENSE APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT ALL TAXES AND WATER BILLS FOR THIS PROPERTY ARE PAID TO DATE.

PRINCIPAL OWNER'S SIGNATURE: _____

FEE SCHEDULE: (MAKE ALL CHECKS PAYABLE TO THE CITY OF TRENTON)
RESIDENTIAL: \$90.00 PER STRUCTURE PLUS \$25.00 FOR EACH UNIT (MIN. FEE \$115.00 FOR A SINGLE FAMILY RESIDENCE)
COMMERCIAL: \$120.00 PER STRUCTURE PLUS \$25.00 FOR EACH BUSINESS UNIT. (MIN. FEE \$145.00 FOR 1 COMMERCIAL/BUSINESS UNIT)
MIXED USE: RESIDENTIAL AND COMMERCIAL: \$120.00 PER STRUCTURE PLUS \$25.00 FOR EACH COMMERCIAL UNIT AND \$25.00 FOR EACH RESIDENTIAL UNIT.

IF AN OWNER FAILS TO PAY THE REGISTRATION FEE THE CITY OF TRENTON MAY INSTITUTE CRIMINAL PROCEEDINGS AGAINST THE OWNER OF THE PROPERTY. AN OWNER IS SUBJECT TO POTENTIAL PENALTY OF DOUBLE THE LICENSE FEE FOR LATENESS IN ADDITION TO COURT ACTION TO COLLECT ANY UNPAID REGISTRATION FEES.

(OFFICE USE) TYPE: (RES./COMM/MIXED) _____	DATE REC. _____ / _____ / _____	BY: _____
MIN. BASIC FEE \$ _____ FEE FOR RES. UNITS \$ _____ FEE FOR COMM. UNITS \$ _____ TOTAL FEE REC. \$ _____		