

BRIDGEWATER TOWNSHIP

LANDLORD REGISTRATIONS

NEW JERSEY LANDLORD REGISTRATION ACT

→ N.J.S.A. 46:8-28 thru N.J.S.A. 46:8-29←

- Within **30-days** of transfer of ownership or creation of new apartments, every landlord of a dwelling, **except owner-occupied premises with not more than two (2) rental units**, must file with the clerk of the municipality in which the residential property is situated, a certificate of registration.
- If your building contains three (3) or more apartments, the landlord must register with:

New Jersey Department of Community
Affairs Bureau of Housing Inspection
PO Box 810
Trenton, New Jersey 08625-
0810 (609-633-6225)

The Department of Community Affairs will forward a copy of the filed statement to the Municipal Clerk for the public records of the municipality.

- After any change in the information contained in the certificate of registration, every landlord shall file an amended certificate of registration within 20-days of the change. A copy of the amended certificate of registration will be provided to the tenant(s) within 7-days of filing.
- In addition to the filing of the registration statement, landlords are required to provide each tenant with a copy of the registration certificate. The landlord should have the tenant sign and date a copy "received" when the tenant moves in and the record should be made a permanent part of the tenant's file.

Return the completed form to:

Bridgewater Township
Attention: Grace W. Njuguna, Township Clerk
100 Commons Way
Bridgewater, NJ 08807
Phone: 908-725-6300 Ext. 5025 / Fax: 908-707-1235
Email: bwtclerk@bridgewaternj.gov

CERTIFICATE OF LANDLORD REGISTRATION PURSUANT TO N.J.S.A. 46:8-28, et,seq

Address of Rental Building:	
Name of Record Owner(s):	
Address of Record Owner(s):	
Phone Number of Owner(s)	
Check One:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated

Authorized Agent: (Required if the owner resides outside Somerset County)	
Name & Address:	
Phone Number:	

Managing Agent:	
Name & Address:	
Phone Number:	
<input type="checkbox"/> There is no Managing Agent	

Maintenance Supervisor:	
Name & Address:	
Phone Number:	
<input type="checkbox"/> There is no Maintenance Supervisor, janitor, custodian or individual employed to provide regular Maintenance Service	

Representative for Emergency Contact:	
Name & Address:	
Phone Number:	

Holder of Mortgage:	
Name & Address:	
Phone Number:	
<input type="checkbox"/> There is no holder of Mortgage	

Fuel Oil Dealer: (Required if fuel oil is used to heat the building & the landlord furnishes the heat)	
Name & Address:	
Phone Number:	
Grade of fuel oil used:	
<input type="checkbox"/> The Building is not heated by fuel oil	
<input type="checkbox"/> The building is heated by fuel oil, but the landlord does not furnish heat	

Date:

Signature of Landlord or Authorized Representative: