

ROOM LICENSE APPLICATION & PERMIT

CITY OF NORTH WILDWOOD, N.J.

901 ATLANTIC AVENUE
NORTH WILDWOOD, NJ 08260
609-522-2030 ext. 1400

Please complete all sections of this application and return

Name of Owner(s) _____

Permanent Address of Owner(s) _____

City _____ State _____ Zip Code _____ Tele. _____

Property Address: _____ Unit No. (if any) _____

A). TOTAL NUMBER *SLEEPING* ROOMS RENTED TO OTHERS: _____ x \$12.00 per _____

B). TOTAL NUMBER OF UNITS RENTED TO OTHERS: _____ x (*SEE BELOW*) = _____

Description: (Please Check)

Condo or Townhouse (\$300.00 per) _____

House or Apartment (\$150.00 per) _____

Rooming House (\$149.00 per) _____ (Add A + B for total) TOTAL = \$ _____

Number of Buildings on Property _____ Total Number of Units on Property _____

More than ONE unit:

Total Number Persons Accommodated in **each** Rental Unit: _____

Location of Units/Unit Nos. _____

Motel/Hotel (only):

Please indicate how many total sleeping rooms per floor.

1st Floor _____ 2nd floor _____ 3rd floor _____ 4th floor _____

Name of Rental Agent (if any) _____ Address _____

City _____ State _____ Zip Code _____ Tele. # _____

This form is filed in accordance with Chapter 42 of Title 2a of the New Jersey Statutes

The undersigned fully understands the following:

1. That a condition of the issuance of said permit shall be that either the owner or an agent of the owner will assume the responsibility for reporting any violation of the ordinances of the City of North Wildwood or any other laws which the owner or his agent, or he has reason to know, occurred on the premises, which report shall be made to the Police Department of the City of North Wildwood. Telephone 609-522-2411

2. That each apartment or dwelling for which a permit is issued under this section shall comply with the provisions of the New Jersey Housing Code, shall be kept in a safe, clean and sanitary condition, shall have proper and adequate light and ventilation, and shall be subject to inspection by the Construction Official of the City of North Wildwood, or said Officials and/or the Health Officers of the City of North Wildwood, during reasonable hours in order that said officials might ascertain if said apartment or dwelling complies with the provisions of this Ordinance.

Signature: _____ Date: _____

HELP SAVE PAPER & POSTAGE!!

The City of North Wildwood is implementing a program through which licensees can receive notifications, license renewal applications and licenses by email. If you would like to participate in this program please enter your email address below. The City of North Wildwood will not use your email address for any other purpose nor will it be sold to outside parties.

email address: _____