



Township of Montague

Housing Department

277 Clove Road - Montague, NJ 07827

Phone # 973-293-3366 Fax # 973-293-8258

DATE: _____

BLOCK: _____

LOT: _____

Qualifier: _____

PROPERTY: _____

Dear Property Owner/Landlord:

Our tax records indicate that you own one or more properties within the Township of Montague and these properties are currently being rented, or are in the process of, or you have had a change in tenant without notifying this department. As per Township Ordinances Chapter's 54A and 54B, you are required to register these units and have them inspected before occupancy.

Therefore, please complete the enclosed forms legibly and submit with the following fees, paid individually please. Each application is a separate department and is noted on each form.

- **\$100 Annual Landlord Registration** for each rental unit.
- **\$50 Housing Inspection Fee** for each rental unit (A re-inspection fee will apply should the unit fail inspection.
- Fire Inspection application (*N.J.A.C.5:70-2.3*) for certification of Smoke Detector/Carbon monoxide and Fire Extinguisher compliance. (See attached form for fees and guidelines).

Also please note, that under Section 54B-14, no rental unit may be registered or rented unless all municipal taxes and any other municipal assessment are paid and current. Therefore, please make sure your taxes or any other assessments are paid up to date.

These ordinances are in place for your protection and the protection of your tenants. It is a requirement and my duty to safeguard the health and safety of the occupants of said dwellings, and of the general public.

Please submit the attached forms to this office within ten (10) business days of this notice. Failure to register your units will result in penalties for non-compliance under our Chapter 42 Housing Standards, 54A and 54B.

If you feel you have received this notice in error you must submit proof to the Housing Office. This may be in the form of a recent utility bill, along with a letter validating that your unit is OWNER OCCUPIED either full time or seasonally. Or copies of your past registration form, housing form and fire inspection passing. I will then update our files accordingly. Thank you

Regards,

GEORGE HUTNICK
Housing Official

05/2023

PLEASE BE ADVISED THAT AN INCOMPLETE HOUSING PACKET WILL NOT BE ACCEPTED.

EVERY APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED.

FAILURE TO PROVIDE THE REQUIRED INFORMATION WILL RESULT IN YOUR APPLICATION BEING DENIED, AND WILL DELAY YOUR RENTAL OPPORTUNITY.

*PAYMENT IS ALSO REQUIRED FOR **EACH** APPLICATION

PAYMENT MUST BE MADE EITHER BY
PERSONAL CHECK OR
MONEY ORDER

3 SEPARATE PAYMENTS FOR:

(MULTIPLE UNITS RENTED REQUIRE A PAYMENT TYPE FOR **EACH** UNIT)

1. LANDLORD REGISTRATION FEE MADE OUT TO: TOWNSHIP OF MONTAGUE
2. HOUSING INSPECTION FEE MADE OUT TO: TOWNSHIP OF MONTAGUE
3. FIRE INSPECTION FEE MADE OUT TO: TOWNSHIP OF MONTAGUE FIRE PREVENTATION

EACH FEE IS NOTED ON EACH OF THE APPLICATIONS.

THANK YOU FOR YOUR COOPERATION.



Township of Montague

Housing Department-GEORGE HUTNICK
277 Clove Road - Montague, NJ 07827
Phone # 973-293-3366 Fax # 973-293-8258

DATE: _____
BLOCK: _____
LOT: _____
Qualifier: _____
CCHP REG# _____

APPLICATION FOR HOUSING INSPECTION

INSPECTION Fee
\$50.00

1. PHYSICAL LOCATION OF PROPERTY: _____

2. NAME, CURRENT *MAILING* ADDRESS & PHONE NUMBER OF TENANTS
(A VALID ADDRESS):

3. NAME, *MAILING* ADDRESS, PHONE NUMBER, EMAIL OF PROPERTY OWNER(S):

4. ARE TENANTS REGISTERED WITH THE COMMUNITY CORPORATION OF HIGHPOINT? IF YES; REG # _____ NO _____ N/A _____
(IF NO, PLEASE CONTACT CCHP IMMEDIATELY FOR REGISTRATION)
5. NUMBER OF OCCUPANTS: _____ NUMBER OF BEDROOMS: _____
6. LENGTH OF LEASE _____ START DATE _____ END DATE _____
7. NAME & TELEPHONE NUMBER OF RESPONSIBLE PARTY TO BE CONTACTED TO SCHEDULE TIME AND DATE OF INSPECTION:
NAME: _____ PHONE: _____

Please include your payment in the amount of \$50.00 payable to Montague Township for each unit being rented. All fees must be paid in order to process your application.

If re-inspect must be scheduled, a re-inspect fee of \$50.00 will be due prior to setting the next appointment.

If after 30 days, you have not set your next appointment, a fee of \$50.00 will be accessed for failure to re-inspect in a timely manner.

Once your completed applications are approved and processed, you will be contacted to schedule an inspection date and time.

FOR OFFICE USE ONLY

PAYMENT RECEIVED: \$ _____ Cash _____ Check No. _____

COLLECTED BY: _____ Date: _____ COH # _____



Township of Montague

Housing Department- *GEORGE HUTNICK*

277 Clove Road - Montague, NJ 07827

Phone # 973-293-3366 Fax # 973-293-8258

Registration Fee

\$100.00

Annual Landlord Registration

BLOCK: _____ **LOT:** _____ **QUALIFIER** _____ **DATE:** _____

You are required by our Township Code and by law to file this form with the Municipality for any single or multi-unit tenant occupied property. Please fill out this application in its entirety and return to the Housing Official's attention with the applicable fee at the address above. Thank you.

(1) Property Address: _____

(2) Names, mailing addresses and telephone numbers of all record owners of the building or the rental business (including all general partners in the case of partnership): _____

(3) If the recorded owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows: _____

Recorded owner is not a corporation

(4) If the address of any recorded owner is not located in the County in which the dwelling is located, the name and addresses 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 recorded owner(s) is as follows: _____

(5) The addresses of all recorded owners in the County in which the dwelling is located: _____

(6) The name, address & email address of the managing agent is: _____

There is no managing agent.

PROPERTY ADDRESS _____ BLOCK/LOT _____

(7) Name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service: NAME ADDRESS AND PHONE NUMBER OF TRASH REMOVAL COMPANY:

There is no regular maintenance service provider.

(8) The name, address and phone number of an individual representative who may be reached at any time in the event of any or all emergencies, decisions concerning the building including making of repairs and expenditures: _____

(9) The names and addresses of all holders of recorded mortgages on the property:

There is no recorded mortgage on the property.

(10) If fuel oil is used to heat the building, and the landlord furnishes the heat, please provide the name and address of the fuel oil provider servicing the building and the grade of fuel oil used: _____

The building is not heated by fuel oil.

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

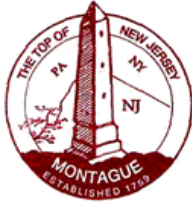
Date

Landlord or Authorized Representative

FOR OFFICE USE ONLY

PAYMENT RECEIVED: \$ _____ Cash _____ Check No. _____

Collected By: _____ DATE: _____



Township of Montague

FIRE PREVENTION BUREAU

Matthew Kansky, Fire Safety Official

mkansky@montaguenj.org

277 Clove Road - Montague, NJ 07827

Phone # 973-293-3366 Fax # 973-293-8258

DATE: _____

BLOCK _____ LOT _____

QUALIFIER _____

INSPECTION APPLICATION - SMOKE DETECTOR – CARBON MONOXIDE - PORTABLE FIRE EXTINGUISHER

DATE OF APPLICATION: _____ RESALE _____ RENTAL _____ **(Please check one)**

DATE OF CLOSING: _____ DATE OF LEASE: **Begin:** _____ **End:** _____

We the undersigned do hereby make application in accordance with the Uniform Fire Safety Act PL 1991, Chapter 92, whereby we request an inspection of the smoke detection system in the below referenced property.

A valid mailing address must be submitted for current owner, new owner and tenant.

Property Address: _____ Unit# _____ Block _____ Lot: _____

Owner's Name: _____ Phone: _____

Mailing Address: _____

Tenant's Name _____ Phone: _____

Mailing Address: _____

Number of people to reside in unit: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

NAME & PHONE RESPONSIBLE PARTY TO BE CONTACTED TO SCHEDULE DATE AND TIME OF INSPECTION:

NAME: _____ PHONE # _____

Fees: \$45.00 Request received **more than 10 business days** prior to the change of occupant.

\$90.00 Request received **4 to 10 business days** prior to the change of occupant.

\$161.00 Request received **fewer than 4 business days** prior to the change of occupant.

Note: \$50.00 Re-inspection fee for all units that fail the inspection.

**Checks to be made payable to: Montague Township Fire Prevention
Payment must be submitted with this application.**

FOR OFFICE USE ONLY

PAYMENT RECEIVED: \$ _____ Cash _____ Check No. _____ Date: _____

Collected By: _____