As we all navigate the ever changing situation surrounding the COVID-19 reality and operate under the current State of Emergency, the Borough of Glassboro is forced to make some changes to business as usual to protect our residents and employees and help reduce the spread. Effective immediately all requests for “Change of Tenant” inspections will be handled as follows.

When submitting the rental application and inspection fees, the applicant will also complete and sign addendum 1 “Convid-19 Temporary Certification Application”. As a part of this application, the property owner or agent will be verifying that all life safety requirements are in place and operating and a minimum of 6 photos of the interior conditions must be submitted. Photographs (short videos) should be emailed to kharrell@glassboro.org. Upon receipt of the above, a visual inspection of the exterior will be conducted and a Temporary Certificate of Continued Occupancy (TCCO) will be issued. The condition of the TCCO will be that when the State of Emergency is lifted, an inspection will be scheduled by you with our office for the interior of the dwelling unit.

We thank you in advance for your understanding and wish to stress that we continue to be here to assist our residents.
A new change of registration is required prior to any change of ownership or change of occupancy. Please contact office for appointment.

RENTAL FACILITY REGISTRATION

The undersigned does hereby make registration to the Borough of Glassboro to own and operate a rental facility within the Borough of Glassboro. When filling out this registration form please fill out ALL of the information in legible print. If you live outside Gloucester County, you are required to provide an approved affidavit of registered agent. Such agent must meet the requirements of Section 1 of Borough Ord. 379 and a signed, notarized affidavit shall be included with this rental application.

Name of Owner:

Owner Drivers License Number (required):

Physical Address:

City, State, Zip:

Owners Home Phone: Work: Cell:

Email Address:

Rental Location:

Block: Lot: # of Units: # of Occupants:

(If you have more than one dwelling, please use another form. This form may be duplicated.)

Please submit: Full Name, Drivers License Number and State Issued and Date of Birth for ALL OCCUPANTS INCLUDING CHILDREN. Attach additional sheet if needed. (PLEASE DO NOT WRITE "SAME AS LAST YEAR").


Please choose ONE: Is this a full change of tenants? Is this a partial change of tenants? No. of new tenants No. of same tenants

Are tenants all the same as prior year?

Registered Agents Name, Address and Phone Number (required if landlord does not live within Gloucester County-attach notarized affidavit):

Signature of Owner:

-----------------------------  DO NOT WRITE BELOW THIS LINE  -----------------------------

THE FOLLOWING ARE REQUIRED: A FLOOR PLAN WITH DIMENSIONS OF EACH ROOM FOR EVERY RENTAL UNIT. INCOMPLETE REGISTRATIONS WILL BE RETURNED AND MAY BE SUBJECT TO LATE FEES. Registration fee: $160.00 per unit includes one inspection and one re-inspection annually. There will be no additional charge for Change of Tenant Inspections. 2nd and all subsequent re-inspections are $35.00, PAYABLE BEFORE SCHEDULING INSPECTION.

Revised 5/2018
LANDLORD REGISTRATION STATEMENT
N.J.S.A. 46:8-26 ETSEQ.

Block:__________ Lot:__________

1. RENTAL PROPERTY ADDRESS:

2. OWNERS NAME AND ADDRESS:

3. OWNERS PHONE NUMBER:

4. NAME AND ADDRESS OF REGISTERED AGENT AND CORPORATE OFFICERS, IF OWNER IS CORPORATION:

5. NAME AND ADDRESS OF COUNTY AGENT, IF OWNER IS NOT A RESIDENT OF THE COUNTY:

6. MANAGING AGENT:

7. MANAGING AGENTS PHONE NUMBER:

8. REGULAR MAINTENANCE PERSONNEL CONTACT:

9. RECORDED MORTGAGE HOLDERS:

10. DATE OF PREPARATION OF STATEMENT:

__________________________
LANDLORD SIGNATURE

Landlordregstatement:
Addendum 1

CONVID-19 Temporary Certificate Application

Effective March 18, 2020

I ___________________________(print name), the Property Owner (Agent) by my signature affixed below do certify to the Borough of Glassboro that I have checked the interior of the dwelling unit at ____________________________
____________________________(address) for all life safety requirements and those items on the attached inspection list, corrected any deficiencies, and have found the unit to be in satisfactory condition. I also have provided via email to kharrell@glassboro.org a minimum of six photographs or a short video of the interior conditions. I acknowledge that after an exterior inspection of the property by the Borough a Temporary Certificate of Continued Occupancy may be issued. I additionally understand, that it will be my responsibility to schedule an interior inspection of the unit when the current “State of Emergency” is lifted.

_____________________________  ________________________
Signature                                           Date
Borough of Glassboro  
Department of Code Enforcement  
10 S. Poplar Street  
Glassboro, NJ 08028  
856-881-9230 Ext. 88350

DWELLING UNIT No.  
ADDRESS:  
Date:  

<table>
<thead>
<tr>
<th>Paint Entire Unit</th>
<th>YES □</th>
<th>NO □</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO Detector Provided/Operational</td>
<td>YES □</td>
<td>NO □</td>
</tr>
<tr>
<td>Illegal/Improper Wiring Noted</td>
<td>YES □</td>
<td>NO □</td>
</tr>
<tr>
<td>Entrance Door Security Satisfactory</td>
<td>YES □</td>
<td>NO □</td>
</tr>
<tr>
<td>Stove provided w/ anti-tip</td>
<td>YES □</td>
<td>NO □</td>
</tr>
</tbody>
</table>

Remarks:

Interior doors / assemblies in disrepair / keyed locks  
Walls and / or ceiling in disrepair / requires painting  
Downspouts / Gutters  
Window / window assembly not operational / incomplete  
Window locks not properly operational / Incomplete  
Windows not provided with screens to fit / torn  
Outside motion lights / switch block  
Fire extinguisher / kitchen area  
GFI protection not provided adj. to source of water/Laundry  
Light fixture(s) inoperable / incomplete  
Switch/outlet in disrepair, improperly wired, or non-functional  
Switch plate, outlet, or other electrical cover missing and / or broken  
Smoke detector(s) not provided, incomplete, or non-functional  
Handrails / guardrails required or not to code  
Stove not operational and / or in disrepair  
Refrigerator not operational and / or in disrepair  
Kitchen cabinets in disrepair and / or incomplete  
Kitchen counter not impervious to moisture and / or in disrepair  
Faucet leaking and / or in disrepair  
Plumbing leak(s) noted  
Garbage disposal inoperable / Improperly wired/in disrepair  
Tiles/tilework / caulking in disrepair  
Floor surface / tiles / carpeting and / or subfloor in disrepair  
Roof leaks noted  
Address numbers  
Exterior / paint/ debris/ d riveway

Provide Electrical Certification □  
Provide HVAC Certification □  
Provide Termite Certification □

All violations circled above are considered serious safety issues.  
These items must be corrected & appointment for reinspection must be made within 7 days.
APPLICATION AND CERTIFICATION IN LIEU OF INSPECTION FOR CERTIFICATE OF SMOKE ALARM, CARBON MONOXIDE ALARM, AND PORTABLE FIRE EXTINGUISHER COMPLIANCE

Dwelling Location: (not mailing address)  
Block: ____________________ Lot: ____________________
Street: ____________________ Municipality: ________________ County: ________________

*NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID

[ ] Smoke alarm on each level of the dwelling, including basements, excluding attic or crawl space; and

[ ] Smoke alarm and carbon monoxide alarm outside each separate sleeping area; and within 10 feet of bedrooms

[ ] All smoke alarms are in working order. [ ] Carbon monoxide alarm(s) in working order

[ ] Fire extinguisher is the correct size, is properly mounted, and is located within 10 feet of the kitchen

This is a ______ story dwelling [ ] with [ ] without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke alarms required above shall be located in accordance with NFPA 72; the carbon monoxide alarm(s) installed per NFPA-720. The alarms are not required to be interconnected. Battery powered alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. The fire extinguisher is installed per P.L. 2005, c.71 (N.J.S.A. 52:27D-198.1 et seq).

Please mail certificate to: Borough of Glassboro Phone #: 856-8140
10 S. Poplar St Fax:
Glassboro New Jersey Zip: 08028

Contact person: ____________________ Phone #: ____________________ Closing Date: ____________________

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this _____________ day of _____________, 20__________.

Notary Signature ____________________ Applicant Signature ____________________

Printed Name ____________________

Note: Once issued, a Certificate is not transferable, nor is a fee refundable. If the change of occupant does not occur within 6 months, a new application shall be required.

FOR OFFICE USE ONLY

Log Number: _____________  Check Number: _____________
WHERE TO LOCATE ALARMS:
Alarms are to be located on every level of a residence, (basement, first floor, second floor) excluding crawl spaces and unfinished attics, and in every separate sleeping area, between sleeping areas and living areas such as the kitchen, garage, basement or utility room. In homes with only one sleeping area on one floor, an alarm is to be placed in the hallway outside each sleeping areas as shown in Figure 1. In single floor homes with two separate sleeping areas, two alarms are required, outside each sleeping areas as shown in Figure 2. In multi-level homes, alarms are to be located outside sleeping areas and at every finished level of the home as shown in Figure 3. Basement level alarms are to be located in close proximity to the bottom of basement stairwells as shown in Figure 4.

WHERE NOT TO LOCATE ALARMS:
To avoid false alarms and/or improper operation, avoid installation of smoke alarms in the following areas:
   - Kitchens-smoke from cooking may cause nuisance alarm.
   - Bathrooms-excessive steam from a shower may cause a nuisance alarm.
   - Near forced air ducts-used for heating or air conditioning-air movement may prevent smoke from reaching alarm.
   - Near furnaces of any type-air and dust movement and normal combustion products may cause a nuisance alarm.
   - The 4 inch “Dead Air” space where the ceiling meets the wall, as shown in Figure 5.
   - The peak of an “A” frame type of ceiling-“Dead Air” at the top may prevent smoke from reaching alarm.

FURTHER INFORMATION ON ALARM PLACEMENT:
For further information about alarm placement consult the National Protection Association’s Standard No. 74-1984, titled “Household Fire Warning Equipment.” This publication may be obtained by writing to the Publication Sales Department, National Fire Protection Association, Batterymarch Park, Quincy, MA. 02269.

CARBON MONOXIDE ALARMS are to be located in every separate sleeping area per NFPA 72B and manufacturer’s recommendations.

WHERE TO LOCATE FIRE EXTINGUISHER:
Within 10 feet of the kitchen and located in the exit or travel path; and is visible and in a readily accessible location. The top of the fire extinguisher is not more than 5 feet above the floor and is mounted using manufactures hanger or brackets. Minimum size of 2A:10B:C and weigh no more than 10 pounds, is accompanied with the owners manual or with the proper written instructions. The extinguisher is listed, labeled, charged and operable. The extinguisher must have been serviced and tagged by a contractor certified by the New Jersey Division of Fire Safety within the past 12 months or seller must provide a recent proof of purchasing receipt.