



NOTICE OF VIOLATION AND ORDER TO REGISTER

Failure to comply with the term of this notice may subject you to immediate entry of a docketed judgment against you, for a penalty in the amount of \$200.00 per building, pursuant to N.J.S.A. 55:13A-12(d).

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<b>1. Is This An Amended Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>2. Previous Registration Number, If Any</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<b>8. YEAR CONSTRUCTED</b> month    year NOTE: Attach Copy of Certificate of Occupancy if issued after 1/1/1977. <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> -            <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
<b>3. BUILDING No:</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <b>of</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <b>TOTAL BUILDINGS</b>	<b>9. LIFE HAZARD</b> Registered as Life-Hazard Use As per Uniform Fire Code <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, DFS Reg. No.: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
<b>4. BUILDING USE</b> ( <i>mark one</i> ) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           1. <input type="checkbox"/> Multiple Dwelling            2A. <input type="checkbox"/> Hotel            2B. <input type="checkbox"/> Season Hotel         </div> <div style="width: 45%;">           2C. <input type="checkbox"/> Guest House/ Bed &amp; Breakfast            2D. <input type="checkbox"/> Dormitory            3. <input type="checkbox"/> Retreat Lodging Facility         </div> </div>	<b>10. CONSTRUCTION</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           1 <input type="checkbox"/> Masonry and Concrete            2 <input type="checkbox"/> Masonry and Steel         </div> <div style="width: 45%;">           3 <input type="checkbox"/> Exterior Masonry Wall and Frame            4 <input type="checkbox"/> Frame         </div> </div>
<b>5. FORM OF OWNERSHIP</b> ( <i>mark one</i> ) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           0 <input type="checkbox"/> Corporation            1 <input type="checkbox"/> Private (Individual or Family)            2 <input type="checkbox"/> Legal Partnership         </div> <div style="width: 45%;">           3 <input type="checkbox"/> Condominium            4 <input type="checkbox"/> Cooperative            5 <input type="checkbox"/> Public Housing Authority            6 <input type="checkbox"/> Limited Liability Company         </div> </div>	<b>11. DATE OF TRANSFER OF OWNERSHIP</b> month    day    year <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> -            <div style="border: 1px solid black; width: 30px; height: 20px;"></div> -            <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
<b>6. Number of:</b>  Dwelling units <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>  Rooming units <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>  Total <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; text-align: right;"><b>0</b></div>	<b>7. STORIES</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-top: 10px;"></div>
<b>12. TAXES PAID TO:</b> Municipality <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div> County <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <b>FOR OFFICE USE ONLY</b>   <input type="checkbox"/> Transfer    <input type="checkbox"/> Initial    <input type="checkbox"/> Transfer amended             month    day    year  <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> -              <div style="border: 1px solid black; width: 30px; height: 20px;"></div> -              <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div> <div style="width: 25%; border-left: 1px dashed black; padding-left: 10px;"> <b>Lead exempt</b>   <input type="checkbox"/> Yes    <input type="checkbox"/> No   <b>Number of lead exempt units</b>  <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> </div> </div>	









NAME: 1

NAME: 2

PHONE

ADDRESS (P.O. Box not acceptable)

CITY

STATE

ZIP CODE

NAME																													
ADDRESS																													
APT./ROOM NUMBER										BUILDING NUMBER										PHONE									
CITY																				STATE					ZIP CODE				

NAME: 1

NAME: 2

PHONE

ADDRESS

CITY

STATE

ZIP CODE

☐ Building is not heated by fuel oil. **IF THIS BOX IS MARKED, ALL OF THE FUEL OIL SUPPLIER FIELDS MUST REMAIN BLANK.**

IF FUEL OIL IS USED, PLEASE FILL OUT ALL OF THE INFORMATION BELOW. GRADE OF FUEL FUEL OIL USED 2

NAME	
ADDRESS	
CITY	STATE ZIP CODE

FOR OFFICE USE ONLY