

City of Margate City Department of Building Inspection 9001 Winchester Avenue Margate City, New Jersey 08402

(609) 822-1974 Fax: (609) 822-2248

James Galantino

Construction Official Building Subcode Official N.J. License #06161

John F. Amodeo Commissioner of Public Safety

APPLICATION FOR RENTAL APPROVAL

	Date:		Blo	ock	Lot			
Address	of Rental P	roperty:						
Owner:	Name:							
Address:				City & State:				
Respons		e #:						
or in absen	ice of owner) Mi	ıst have a local add	ress and phone n	umber for use in ca	ase of an emerg	gency).		
	Name:							
	Address:			City & State:				
	Local Phone #:			Out of Town Phone#:				
Name an	nd Contact I	nformation of	person to a	ecompany Ins	pector:			
	Name:			Contact #				
I understand pertaining to	that each apartme housing codes and	further that said dwelli	h a permit is issued ing or apartment sha	under city ordinance		all federal, state	and local requirements and adequate light and	
I hereby certif	fy that the foregoin	o all part of the Ordinar g declarations are true a false declaration shall	to the best of my kn	• "	• •	l that such declara	tions will be considered	
Applicat	tion Fee \$100	.00						
Made payable to the City of Margate Signature of Owner or Responsible Person in Charge							in Charge	
MUST P	ROVIDE A	COPY OF THE	LEASE AND	PRINT TENA	ANTS NAM	ES:		
No. of R	ooms	No. o	of Bedrooms		No. o	of Baths		
This Spa	ice is For Of	ficial Use Only	y:					
Paid: \$_	Ch	eck□ Cash□ (Credit Card□	Inspected	Ву:			
Date:	I1	nitial:		Date:		Time:		
Check/Re	eceipt #	by:						