



**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: _____ **Block** _____ **Lot** _____

Address of Rental Property: _____

Owner: Name: _____

Address: _____ **City & State:** _____

Local Phone #: _____ **Out of Town Phone#:** _____

Responsible Person: (Can be tenant of Real Estate Agent in charge of Rental Unit, if other than owner or in absence of owner) Must have a local address and phone number for use in case of an emergency).

Name: _____

Address: _____ **City & State:** _____

Local Phone #: _____ **Out of Town Phone#:** _____

Name and Contact Information of person to accompany Inspector:

Name: _____ **Contact #** _____

Inspection Appointments Times: Monday thru Friday- 9:30 a.m. – 3:30 p.m.

I understand that each apartment or dwelling for which a permit is issued under city ordinance shall comply with all federal, state and local requirements pertaining to housing codes and further that said dwelling or apartment shall be kept in a safe, sanitary condition, shall have proper and adequate light and ventilation, and shall be subject to all part of the Ordinance.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief, and fully understand that such declarations will be considered as if made under oath, and as to a false declaration shall be subject to penalties as provided by law for perjury.

Signature of Owner or Responsible Person in Charge

MUST PROVIDE AND PRINT TENANTS NAMES:

No. of Rooms _____ **No. of Bedrooms** _____ **No. of Baths** _____

This Space is For Official Use Only:

Paid: \$ _____ **Check** ☐ **Cash** ☐ **Credit Card** ☐ **Inspected By:** _____

Date: _____ **Initial:** _____ **Date:** _____ **Time:** _____

Check/Receipt # _____ **by:** _____