



City of Margate City
Department of Building Inspection

REF#: _____

9001 Winchester Avenue
Margate City, New Jersey 08402
(609) 822-1974
Fax: (609) 822-2248

Email: margate_inspection@margate-nj.com

APPLICATION FOR RENTAL APPROVAL

MUST PROVIDE A COPY OF THE LEASE AND HOMEOWNER'S INSURANCE DECLARATION PAGE

Date: _____ Block: _____ Lot: _____ Unit #: _____

Address of Rental Property: _____

Duration of Lease: _____ Move-in Date: _____ Move-out Date: _____

OWNER: _____ Name: _____

Address: _____ City/State/Zip: _____

Phone#: _____ Email: _____

AGENT: Name: _____

Address: _____ City/State/Zip: _____

Phone#: _____ Email: _____

Contact Information of person to accompany Inspector:

Name: _____ Phone #: _____

Tenants Name(s): _____

Total No. of Rooms _____ No. of Bedrooms _____ No. of Baths _____

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

Application Fee: \$100.00
Made payable to the City of Margate

Inspection Appointments Times: Monday thru Friday- 9:30 a.m. - 3:00 p.m.

This Space is For Official Use Only:

Paid: \$ _____ Check [] Cash [] Credit Card []

Inspected By: _____

Date: _____ Clerk: _____

Date: _____ Time: _____

Check/Receipt#: _____ By: _____