

INSPECTION DIVISION/LANDLORD REGISTRATION
 City Hall – Room 112
 1301 Bacharach Boulevard
 Atlantic City, NJ 08401-4603
 Telephone: 609-347-6450
 Fax: 609-347-6454



APPLICATION FOR AN OCCUPANCY PERMIT

Date: _____

Receipt and Permit No. _____

- Rental – Initial Inspection \$50.00
- Sales/Refinance, Single Unit \$50.00
- Sales/Refinance, Multiple Units: _____ units x \$50.00 each = _____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE *****

Owner's Name: The Ocean at 101 Boardwalk, LLC Telephone: 609-348-1200 x13

Owner's Address: 101 Boardwalk, Atlantic City, NJ 08401

Local Contact: Semie Williams Telephone: 609-348-1200 x13

Local Contact's Address: 101 Boardwalk, Atlantic City, NJ 08401

Address of property to be inspected: 101 Boardwalk, Atlantic City, NJ 08401
 Apt. No. _____ Block 81 Lot 1, 2, 3

Name and Address of Lessee or Buyer _____

Total Occupants Requested (Rental) _____

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of \$500, a MAXIMUM of \$1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

[Signature] Property Manager
 Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS
 List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

▲ I hereby request refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Tenant _____

Date _____

Signature of Tenant _____

Date _____

**** UTILITIES MUST BE ON DURING INSPECTION ****