



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF PLANNING AND ENGINEERING

DIVISION OF MUNICIPAL CODE ENFORCEMENT

MUNICIPAL ORDINANCE 5-2

ID# _____

PROPERTY REGISTRATION FORM

Block: _____ Lot: _____ Qualifier: _____ Construction Date: _____

Address of Property: _____

Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip Code: _____

Property Phone # (Ocean City): _____

Owner Home Phone# () _____

EMERGENCY CONTACT INFORMATION

LOCAL CONTACT: _____
Real Estate Agent, Plumber, Neighbor, Etc.

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE: _____

PLEASE CIRCLE THOSE THAT APPLY AND ENCLOSE A SEPARATE CHECK MADE PAYABLE TO: *City of Ocean City*, FOR THE CORRECT AMOUNT.

LICENSE PERIOD 7/1/2010 THROUGH 6/30/2011

RESIDENTIAL:

- ONE RENTAL UNIT.....\$175.00
- TWO RENTAL UNITS..... \$325.00
- YEAR ROUND TENANTS, PLEASE CONTACT THIS OFFICE FOR INSTRUCTION(S)

NOTE: MORE THAN TWO RENTAL UNITS, CONTACT THIS OFFICE AT (609)525-9400 EXT 9733

COMMERCIAL OR STORE FRONT (NOT RESIDENTIAL)

- ONE LEASED UNIT.....\$30.00
- TWO LEASED UNITS..... \$60.00
- THREE TO FIVE LEASED UNITS.....\$125.00
- EACH ADDITIONAL UNIT.....\$5.00

SIGNATURE _____

I HEREBY CERTIFY THAT I DO NOT RENT MY PROPOERTY, NOR DO I WISH TO VOLUNTARILY REGISTER ANY EMERGENCY CONTACT INFORMATION.

SIGNATURE _____

LICENSING DIVISION 115 12th STREET, OCEAN CITY, NJ 08226
609-525-9400 ext. 9733 FAX: 609-525-2496