



TENANT-IN-OCCUPANCY REGISTRATION & INSPECTION
EXEMPTION APPLICATION AND AFFIDAVIT

CITY OF NEW BRUNSWICK

BEFORE ME, the undersigned Notary, _____
[name of Notary before whom affidavit is sworn],

on this _____ day of _____, 20____,

personally appeared _____ [name of affiant], known to me to be
a credible person and of lawful age, who being by me first duly sworn, on _____ [his or her] oath,
deposes and says:

I reside at and my principal place of residence is:

Street Address	
Unit #	
City	
State	

I/we own the rental unit located at

Street Address	
Unit #	
City/State	New Brunswick, NJ

and it is not offered for rent, does not have a "tenant-in-occupancy" pursuant to New Brunswick Ordinance 5.80.030 and is used for the purpose indicated below:

- Vacation home, pied-a-terre or other secondary residential occupancy
- Storage of personal belongings
- Non-residential commercial use, such as, as a commercial use or office use for which I/we have zoning approval issued by the Division of Planning and for which there is a valid certificate of occupancy issued by the Construction Code Official
- The unit is not habitable pursuant to the Uniform Construction Code and does not have a valid Certificate of Occupancy

Therefore is exempt from the registration, base rent limitations and periodic inspection requirements of New Brunswick Ordinances 5.80.030, 5.80.130 and 15.40.030.

Fee: \$25.00

Check # _____

I understand that by making this statement that I am subject to penalties at law for knowingly making a false statement.

[signature of affiant]

[typed name of affiant]

[address of affiant, line 1]

[address of affiant, line 2]

Subscribed and sworn to before me, this _____ *[day of month]* day of
_____ *[month]*, 20____.

[Notary Seal:]

[signature of Notary]

[typed name of Notary]

NOTARY PUBLIC

My commission expires: _____, 20____.

Staff Use Only:

The above exemption request is:

	Approved	Date:
	Not Approved	Date:
		Reason For Denial:

EXEMPTION IS VALID UNTIL: _____ UNLESS OCCUPIED BY A TENANT IN OCCUPANCY PRIOR TO THIS DATE.

Reviewed by:

Name:

Title:

Date: