



OFFICE HOURS:  
8:00-4:30 Mon.-Fri.

# Township of Lakewood

## DEPARTMENT OF INSPECTIONS

212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

MICHAEL SACCOMANNO  
Construction Official  
Director Code Enforcement  
& Zoning

### Owner's Affidavit

The Ordinances of the Township of Lakewood require that any rental property that is owned by someone who is not a resident of Ocean County must designate a local agent who resides in the county. Any non-county property owner or any property owner who wishes to have an agent designated for a rental property should complete this Affidavit. Please return this form after it has been completed, signed by the owner and Notarized. PLEASE BE AWARE THAT THE INSPECTION DEPARTMENT MUST BE INFORMED OF ANY CHANGES OF THIS INFORMATION AND A NEW FORM COMPLETED.

Very truly yours,

LAKEWOOD TOWNSHIP INSPECTION DEPARTMENT

Block \_\_\_\_\_ Lot \_\_\_\_\_ Date \_\_\_\_\_

Address of rental unit(s) \_\_\_\_\_

Owner's Name \_\_\_\_\_  
(Please Print)

Agent's Name \_\_\_\_\_  
(Please Print)

Owner Signature \_\_\_\_\_

Agent Signature \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

**AFFADAVIT OF RESIDENCY**

I, \_\_\_\_\_, Owner/Agent of  
\_\_\_\_\_, hereby state that  
\_\_\_\_\_ will be leasing an apartment/house at  
\_\_\_\_\_ in Lakewood, N.J.

The lease will begin on \_\_\_\_\_ pending rental  
certificate of occupancy approval from the Township of Lakewood.

As per the resident's rental application, the household member(s) listed below is/are the  
only member(s) that should be residing in the aforementioned unit.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Sworn/Affirmed before me this date \_\_\_\_\_

Signature \_\_\_\_\_