

Township of West Milford



Office of the Township Clerk
1480 Union Valley Road
West Milford, New Jersey 07480-1303
973-728-7000
FAX 973-728-2704

Short Term Rental Checklist:

- PRIOR TO SUBMITTING YOUR APPLICATION & SUPPORTING DOCUMENTS- CHECK WITH THE BUILDING DEPARTMENT (973-728-2780) TO SEE IF YOU HAVE ANY OUTSTANDING ISSUES, OPEN PERMITS OR VIOLATIONS—EVEN IF YOU THINK YOU DO NOT.
- The STR application – please check all boxes
- A copy of the Zoning Permit
- A copy of the Fire Inspection Certification
- Submit copies of driver's licenses of the responsible parties
- Proof of insurance with the Township of West Milford listed as additionally insured for \$1,000,000.00
- Proof that taxes are currently paid (This may be attained from the tax department or from the website westmilford.org)
- A non-refundable check for \$750 made out to West Milford Township
- A sworn statement attesting to the fact:
 - That you, the owner and the property agent have received a copy of the Ordinance, has reviewed it, understands its requirements and certifies, under oath, as to the accuracy of all information provided in the permit application.
 - That the owner agrees to use his or her best efforts to assure that use of the premises by all transient occupants will not disrupt the neighborhood, and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.
 - That there have been no prior revocations or suspensions of this or a similar license, in which event a license shall not be issued, which denial may be appealed as provided hereinafter.
 - That the agent and responsible party agree to perform all of the respective duties specified in Section 285-13.
 - Certification that the STRP Owner is current with all taxes assessed to the property prior to the issuance of a short-term rental permit; that any code violations that have been issued by the Township relating to the STRP have been properly abated; that any open construction permits for the property prior to the issuance of a short-term rental permit have been closed; and that all fines or penalties issued by the Municipal Court for the Township of West Milford for any past code violations relating to the STRP, including penalties for failure to appear in Court, are satisfied in full.



**TOWNSHIP OF WEST MILFORD
SHORT TERM RENTAL (STR)
PERMIT APPLICATION**
1480 UNION VALLEY ROAD, WEST MILFORD, NJ 07480
973-728-7000 MAIN #, 973-728-2704 FAX

Date of Registration: _____

Permit #: _____

Complete one (1) registration form per property with the requested information and return to the Township Clerk with fees and all mandatory attachments.

Fee and registration remain valid for one year from the date of issuance and shall be renewed annually.

Address of Unit to be used as a Short-Term Rental
Address: _____
Block: _____ Lot: _____ Is property a condominium? <input type="checkbox"/> Yes <input type="checkbox"/> No (See mandatory attachment)
Property Owner(s) Information
Name: _____ Identification: _____ (Drivers' License #)
Address: _____
City _____ State _____ Zip _____ Phone #: _____
Received Ordinance: <input type="checkbox"/> Yes Reviewed & Understand Ordinance Requirements (A sworn statement must be submitted with application)
E-mail: _____
Non-Natural, Other Entities (Partners, Officers and/or Directors)
Name: _____ Phone #: _____
Address: _____
City _____ State _____ Zip _____ Phone #: _____
Received Ordinance: <input type="checkbox"/> Yes Reviewed & Understand Ordinance Requirements _____
E-mail: _____
Short-Term Rental Agent, Property Agent or Responsible Party Assuming Responsibility
<small>If property owner is not going to be present or assume liability for the activities in & maintenance of the STR on a 7 day a week basis, 24 hours a day, then list below the STR Property Agent or STR Property Responsible Party who will assume this responsibility. Written certifications from the STR Property Agent & Responsible Party pursuant to Section 285-13. (mandatory attachment)</small>
Name: _____ Phone #: _____
Address: _____
City _____ State _____ Zip _____ Phone #: _____
Received Ordinance: <input type="checkbox"/> Yes Reviewed & Understand Ordinance Requirements _____
E-mail: _____

**TOWNSHIP OF WEST MILFORD
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MANDATORY INFORMATION & ATTACHMENTS WITH APPLICATION (Please check all that apply)

- 1) Letter of approval & mail certification by condo association or lake association must be submitted with application. (if applicable) Yes No
- 2) Any prior revocations or suspensions on this license or similar license? Yes No
Sworn statement of no prior revocations or suspensions Yes No
- 3) Liability Insurance Certificate minimum amount \$1,000,000.00 Yes No
Pursuant to Section 285-13.2.F(11)
- 4) Fire Certification Yes No
Premises have required Smoke & Co2 Alarms & Fire Extinguishers
- 5) Zoning Compliance Certificate Yes No
- 6) Written Certification STRP Owner is current Yes No
With all taxes, codes abated, fines are satisfied
- 7) Number & location of parking spaces:

Owner(s) certifies that renters will not use on-street parking, unless no off-street parking is available. Where no off-street parking is available, on-street parking regulations apply.

- 8) Required Fee Yes No
Pursuant to Section 285-13.E(b.)
- 9) Written certification from STR Property Agent & Responsible Party Yes No
Agree to perform all of respective duties specified in Section 285-13
- 10) Copy of letter of certification provided to the Lake Association Yes No
Must be submitted with application. (if applicable)

Please check one: Make payment payable to Township of West Milford

- Initial Registration Fee \$750 1st year (\$750 annually thereafter)
- Amendment to Registration (Fee: \$0)
- Removal – Property is no longer STR (Fee: \$0) Sold – Insert Closing Date _____

Required Attachments - ENSURE ALL MANDATORY ATTACHMENTS ARE SUBMITTED WITH APPLICATION

Owner(s)/STRP Agent/Responsible Party agree to use his or her best efforts to assure that use of the premises by all Transient Occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring Property Owners to the quiet enjoyment of their properties.

I certify that the foregoing statements made by me are true.

Owner/STRP Agent/Responsible Party Signature _____ Print Name Date: _____

EMAIL: _____

For Municipal Office Use Only:

Initial Application / Renewal: In-Compliance	Removal:	Change of Information
Date	Enforcement Official	Date
Date	Enforcement Official	Date
Date	Enforcement Official	Township Clerk