

**Instructions: Applying for a Certificate of Registration  
Please complete the enclosed application and return with the required fee .**

Per the New Jersey Hotel and Multiple Dwelling Law N.J.S.A. 55: 13A-1 et seq. any person that owns a hotel, multiple dwelling or retreat lodging facilities is required to register that property or properties with the Bureau of Housing Inspection by filing for a Certificate of Registration. Additionally, any person to which ownership of a hotel, multiple dwelling or retreat lodging facilities is transferred, either by sale, assignment, gift, interstate succession, testate devolution, reorganization, receivership, foreclosure or execution process must register with the Bureau of Housing Inspection as the new owner of the property, within 20 days of their taking ownership.

To file for a Certificate of Registration, please complete the enclosed application. If you own multiple buildings located within the same complex you must complete a Certificate of Registration Form for the primary building within the complex and include a Supplemental Certificate of Registration form for each additional building in the complex that your are registering. Each Certificate of Registration and Supplemental Certificate of Registration must include the required \$10.00 fee.

Owners of hotels, multiple dwellings or retreat lodging facilities are required to file an amended Certificate of Registration within 30 days of any change to information required to be set forth in a Certificate of Registration including, but not limited to: transfer of ownership, number of dwelling units and rooming units. See The New Jersey Regulations for the Maintenance of Hotels and Multiple Dwellings N.J.A.C. 5:10 – 1.11 for requirements for a Certificate of Registration.

# Instructions: Completing a Certificate of Registration with the Bureau of Housing Inspection.

<b>Step 1</b>	<p><b>Section 1- Amended Certificate</b></p> <p>Mark <b>No</b>, in the designated box if you are the owner of the referenced building and this is the first time you are filing for a Certificate of Registration.</p> <p>Mark <b>Yes</b>, in the designated box if you are the owner of the referenced building, have previously registered as the owner of this building with the Bureau of Housing Inspection and are filing a certificate application form to report changed information for your property, e.g. an amended certificate. A fee is not charged for filing an amended certificate.</p> <p>Example.</p> <div data-bbox="263 705 1166 779" style="border: 1px solid black; padding: 5px;"><p>1. Is This An Amended Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">◆</span></p></div>												
<b>Step 2</b>	<p><b>Section 2-Previous Bureau of Housing Registration Number</b></p> <p>If it has been provided to you or has otherwise been made available, write the Bureau of Housing Inspection Registration Number in the boxes provided.</p> <p>Example.</p> <div data-bbox="358 1045 1005 1136" style="border: 1px solid black; padding: 5px;"><p>2. Previous Registration Number, If Any</p><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;"> </td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;"> </td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table></div>	0	3		2	2	5		3	3	0	0	1
0	3		2	2	5		3	3	0	0	1		
<b>Step 3</b>	<p><b>Section 3-Building Number</b></p> <p><b>Buildings which are <u>not</u> part of a complex –</b></p> <p>If the building you are registering is <b>not</b> part of a complex, enter “1” for the “Building No.” and also enter “1” for “Total Buildings” in the boxes provided.</p> <p><b>Buildings which <u>are</u> part of a complex -</b></p> <p>If the building you are registering <b>is</b> part of complex, enter “1” for “Building No” for the main building and enter the total number of buildings in the complex for “Total Buildings”. <b>Note:</b> You are required to complete a Supplemental Certificate of Registration for each additional building in your complex.</p> <p>Example.</p> <div data-bbox="263 1667 873 1745" style="border: 1px solid black; padding: 5px;"><p>3. BUILDING No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;"> </td><td style="width: 20px; height: 20px; text-align: center;"> </td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;"> </td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> TOTAL BUILDINGS</p></div>			1		1	0						
		1											
	1	0											

**Step 4**

**Section 4-Building Use**

Please mark the appropriate box that most accurately describes the Use of the property that you are registering. (See definitions Page 14)

Example.

<b>4. BUILDING USE (mark one)</b>	
1 <input checked="" type="checkbox"/> Multiple Dwelling	2C. <input type="checkbox"/> Guest House/Bed & Breakfast
2A. <input type="checkbox"/> Hotel	2D. <input type="checkbox"/> Dormitory
2B. <input type="checkbox"/> Seasonal Hotel	3. <input type="checkbox"/> Retreat Lodging Facility

**Step 5**

**Section 5-Form of Ownership**

Please mark the appropriate box that most accurately describes the form of ownership of the property that you are registering. (See definitions Page 14)

Example.

<b>5. FORM OF OWNERSHIP (mark one)</b>	
0 <input checked="" type="checkbox"/> Corporation	3 <input type="checkbox"/> Condominium
1 <input type="checkbox"/> Private (Individual or Family)	4 <input type="checkbox"/> Cooperative
2 <input type="checkbox"/> Legal Partnership	5 <input type="checkbox"/> Public Housing Authority
	6 <input type="checkbox"/> Limited Liability Company

**Note:** You are required to register your business name with either the county clerk's office or the State of New Jersey, depending on the form of ownership of the business.

For information on registering a business within New Jersey contact the  
Division of Revenue Business Services  
NJ Department of the Treasury  
PO Box 308  
225 W. State St., Trenton, NJ 08625-0308.  
609-292-9292  
Or at [http://www.state.nj.us/njbiz/s\\_check.shtml](http://www.state.nj.us/njbiz/s_check.shtml)

**Step 6** *Section 6-Number of Dwelling Units*

In the boxes provided indicate the number of dwelling units, rooming units and then the combined total for the property that you are registering. If you are registering multiple buildings, which are part of a complex, use *Section 6* to indicate the total dwelling units for the primary building or building #1 of your complex. Note: Dwelling and rooming units for the additional buildings in your complex will be counted on your supplemental registration form.

When determining the total number of units, count units that are rented as well as units that are owner occupied. (See definitions Page 14)

Do not count rooms that are part of an apartment and are not rented separately as rooming units.

Example.

6. Number of:	
Dwelling units	<input type="text" value="4"/> <input type="text" value="0"/>
Rooming units	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
Total	<input type="text" value="4"/> <input type="text" value="0"/>

**Step 7** *Section 7-Stories*

In the boxes provided indicate the number of stories of the property you are registering. Do not count any story that is wholly or partially below ground.

If you are registering multiple buildings which are part of a complex use *Section 7* to indicate the number of stories for building #1 in your complex. (See definitions Page 14)

Example.

7. STORIES	<input type="text" value="2"/>
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<b>Step 10</b>	<p><b>Section 10-Type of Construction</b></p> <p>Please mark the appropriate box that most accurately describes the type of construction of the building that you are registering.</p> <p>Example.</p> <div data-bbox="264 380 1073 516" style="border: 1px solid black; padding: 5px;"> <p><b>10. CONSTRUCTION</b></p> <p>1 <input checked="" type="checkbox"/> Masonry and Concrete      3 <input type="checkbox"/> Exterior Masonry Wall and Frame</p> <p>2 <input type="checkbox"/> Masonry and Steel                      4 <input type="checkbox"/> Frame</p> </div>						
<b>Step 11</b>	<p><b>Section 11-Date of Transfer of Ownership</b></p> <p>In the boxes provided, please indicate the date on which you legally acquired the property that you are registering.</p> <p>Example.</p> <div data-bbox="264 785 1016 905" style="border: 1px solid black; padding: 5px;"> <p><b>11. DATE OF TRANSFER OF OWNERSHIP</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">month</td> <td style="text-align: center; width: 33%;">day</td> <td style="text-align: center; width: 33%;">year</td> </tr> <tr> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text" value="05"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text" value="21"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text" value="1999"/></td> </tr> </table> </div>	month	day	year	<input style="width: 40px; height: 20px;" type="text" value="05"/>	<input style="width: 40px; height: 20px;" type="text" value="21"/>	<input style="width: 40px; height: 20px;" type="text" value="1999"/>
month	day	year					
<input style="width: 40px; height: 20px;" type="text" value="05"/>	<input style="width: 40px; height: 20px;" type="text" value="21"/>	<input style="width: 40px; height: 20px;" type="text" value="1999"/>					
<b>Step 12</b>	<p><b>Section 12- Enter Tax Information for Referenced Property</b></p> <p>In the boxes provided, please enter the municipality, and county for which taxes are paid for the property that you are registering.</p> <p>Example.</p> <div data-bbox="264 1178 894 1272" style="border: 1px solid black; padding: 5px;"> <p><b>12. TAXES PAID TO:</b></p> <p>Municipality <u>LAWRENCEVILLE</u></p> <p>County <u>MERCER</u></p> </div>						



**Step  
15**

**Section 15-In County Agent**

If the legal owner of the referenced property resides outside of the **county** or **state** in which the property is located, you are required to designate an in county agent for the referenced property as set forth in N.J.S.A. 5:10-1.10(c) 17. The designated agent must reside or maintain an office in the same county in which the property is located and shall receive service of process on behalf of the recorded owner. If the authorized agent is a corporation it must be registered to conduct business in New Jersey.

In the boxes provided write the name, address, county, phone, city, state and zip code of the owner's designated agent in the boxes provided.

Example.

22 Individual who can authorize emergency repairs and expenditures	NAME: FIRST	MIKE
	NAME: LAST	SUPER
	PHONE	609###-####
	ADDRESS	15B
	CITY	LAWRENCEVILLE
	STATE	NJ
	ZIP CODE	08648

**Step  
16**

**Section 16-Manager**

In the boxes provided write the name of the person or firm responsible for the maintenance of the building.

Example.

16 MANAGER	NAME: FIRST	PLEASANT CLIFFS ASSOCIATION
	NAME: LAST	
	COUNTY	MERCER
	PHONE	609###-####
	ADDRESS	14 GARFIELD WAY
	CITY	MERCERVILLE
	STATE ZIP CODE	NJ 08625

**Step  
17**

**Section 17- Mortgagee**

Write the names and addresses of all parties that hold a mortgage for the referenced property, in the boxes provided, use additional sheets if necessary.

Example.

17. MORTGAGEE	NAME: FIRST	MARK																					
	NAME: LAST	SMITH																					
	ADDRESS	1 MYPLACE ST																					
	CITY	MONTGOMERY										STATE	NJ					ZIP CODE	08540				

**Step  
18**

**Section 18 Net Lessee**

In the boxes provided write the name, address, and telephone number of any person other than the recorded owner who exercises control over the referenced property.

Example.

18. Net lessee or any other person in control of the property (other than record owner)	NAME: FIRST	NONE																					
	NAME: LAST																						
	PHONE																						
	ADDRESS																						
	CITY											STATE						ZIP CODE					

**Step 19**

**Section 19-Corporation, Condominiums and Cooperatives**

If a corporation, limited liability cooperative or condominium association owns the building or complex please list the names, addresses and titles of all corporate officers or general partners, in the boxes provided and use additional sheets if necessary.

Example.

19. Corporations, Condominiums and Cooperatives (most list officers or general partners)	NAME	TEXAS PROPERTIES				
	TITLE (if any)					
	ADDRESS	105 WASHINGTON AVE				
	CITY	STATE	ZIP CODE			
	CLIFTON	NJ	07701			
	NAME	GREGG JONES				
	TITLE (if any)	PRESIDENT				
	ADDRESS	10 LEVINGTON AVE				
	CITY	STATE	ZIP CODE			
CLIFTON	NJ	07701				
NAME	CLIFF RIVERA					
TITLE (if any)	VICE PRESIDENT					
ADDRESS	15 VALLEY ROAD					
CITY	STATE	ZIP CODE				
HACKENSACK	NJ	07602				

**Step 20**

**Section 20-Registered Agent**

If the owner is a corporation, condominium, cooperative, public entity or public housing authority, in the boxes provided, write the name and official business address of the registered agent, as is indicated on the record filed with the New Jersey Secretary of State's office.

Example.

20. Registered agent (if under corporate, condominium, or cooperative ownership)	NAME: FIRST	ERIK				
	NAME: LAST	REGION				
	PHONE	609#####				
	ADDRESS (P.O. Box not acceptable)	1 WINDING ROAD				
	CITY	STATE	ZIP CODE			
	PRINCETON	NJ	08540			

**Step 21**

**Section 21-Multiple Dwelling Janitor or Superintendent**

If the referenced property has 9 or more units, janitorial services must be provided on a 24 hour a day basis. If the owner resides within the referenced property, he or she may provide the required janitorial services. Otherwise, the owner can provide such services through a resident janitor or a 24-hour a day janitorial services.

If applicable, provide the name, address, including the apt. # or room # and the telephone number of the person or janitorial services responsible for building's maintenance in the boxes provided.

Example.

21 Multiple Dwelling Janitor or Superintendent (if 9 or more units)

NAME	MIKE SUPER		
ADDRESS	100 BROOKWOOD VILLAGE ROAD		
APT./ROOM NUMBER	BUILDING NUMBER	PHONE	
15	B	609#####	
CITY	STATE	ZIP CODE	
LAWRENCEVILLE	NJ	08648	

**Step 22**

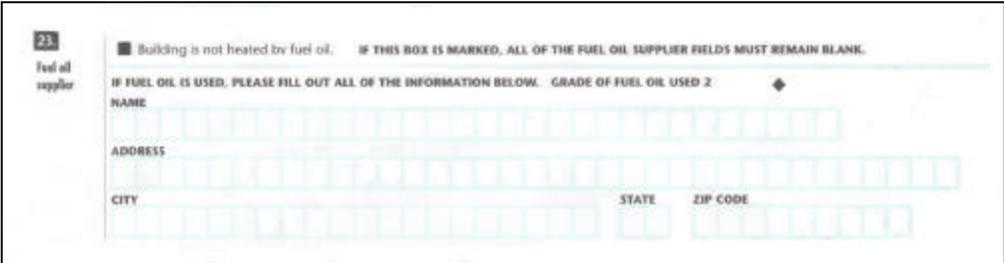
**Section 22-Emergency Repairs and Expenditures**

In the boxes provided write the name, address, phone, city, state, and zip code of the individual authorized to make or arrange for emergency repairs or authorized expenditures for the property on behalf of the registered owner.

Example.

22 Individual who can authorize emergency repairs and expenditures

NAME: FIRST	MIKE		
NAME: LAST	SUPER		
PHONE	609#####		
ADDRESS	15B		
CITY	STATE	ZIP CODE	
LAWRENCEVILLE	NJ	08648	

<p><b>Step 23</b></p>	<p><b>Section 23 – Fuel Oil Supplier</b></p> <p>If the referenced building is not heated by fuel oil, check this box and leave all remaining boxes in this section blank.</p> <p>If oil is used for heating the building enter the name, address, city, state and zip code of the fuel supplier. Please write the grade of fuel used in the right-hand margin.</p> <p>Example.</p> 
<p><b>Step 24</b></p>	<p><b>Owner/Applicant's Signature</b></p> <p>SIGN and DATE the application and print your name.</p> <p>Example.</p> 
<p><b>Step 25</b></p>	<p><b>Payment of Fees</b></p> <p>There is a required fee of \$10.00 for each building that you are registering. If you are registering multiple buildings within a complex, kindly remit a \$10.00 fee for each building within your complex. Make your check or money order payable to the Bureau of Housing Inspection. Please do not mail cash, or use a post office box as a return address.</p> <p>Please forward your application to:  <b>Department of Community Affairs,  Division of Codes and Standards,  Bureau of Housing Inspection,  101 South Broad Street,  PO Box 810,  Trenton, New Jersey 08625-6225.</b></p>

**Instructions: Registration of Multiple Buildings within a Complex**

If the property you are registering is part of a complex e.g. you own multiple buildings located within the same complex, in addition to an application for your primary building **please complete a Supplemental Certificate of Registration for each additional building in the complex.**

<b>Instructions for Completing a Supplemental Application Form for a Certificate of Registration.</b>	
<b>Step 1</b>	<b>Complete the Certificate of Registration application for the primary building in your complex.</b>
<b>Step 2</b>	<p><i>Section 3-Building Number</i></p> <p><b>Buildings which <u>are</u> part of a complex –</b></p> <p>For “Building No.” – If the building you are registering <b>is</b> part of a complex, enter the number (in respect to the total in the complex e.g. 1 of 2, 4 of 10, etc) of the building listed on this sheet <b>and</b> enter the total number of buildings in the complex for “Total Buildings”.</p> <p><b>Note: you must complete a Supplemental Certificate of Registration for each building within your complex.</b></p> <p>Example.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>3. BUILDING No.: <input type="text" value="2"/> of <input type="text" value="10"/> TOTAL BUILDINGS</p> </div>

**Step  
3**

**Section 6- Number of Dwelling Units, Rooming Units and Combined Total**

Indicate the number of dwelling units, rooming units and then the combined total in the boxes provided for the building identified on this sheet.

When determining the total number of units, count units that are rented as well as units that are owner occupied. (See definitions Page 14)

Do not count rooms which are part of an apartment and are not rented separately as rooming units.

Example.

6. Number of:

Dwelling units	<input type="text" value="4"/>	<input type="text" value="0"/>
Rooming units	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="4"/>	<input type="text" value="0"/>

**Step  
4**

**Section 7-Number of Stories**

Indicate the number of stories for the building indicated in **Section 3** of this sheet in the boxes provided. Do not count any story that is wholly or partially below ground.

Example.

7. STORIES

<input type="text" value="2"/>
--------------------------------

**Step  
5**

**Section 12- Enter Tax Information for Referenced Property**

In the boxes provided, please enter the municipality, and county for which taxes are paid for the building indicated in **Section 3** of this sheet. You may check "Same as Building #1" where applicable.

Example.

12. TAXES PAID TO:  Same As Building #1

Municipality \_\_\_\_\_

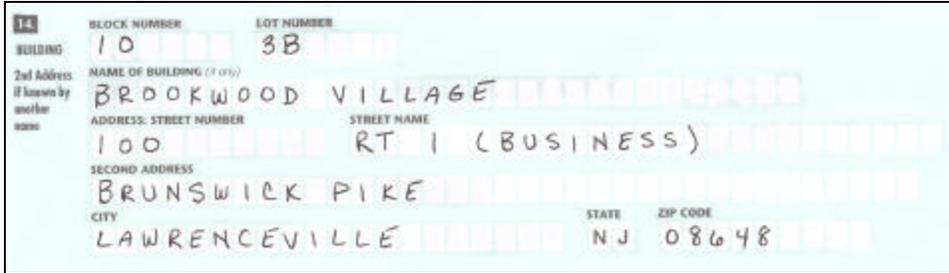
County \_\_\_\_\_

**Step  
6**

**Section 14-Building Information**

Write the block, lot, building name, street address, city, and zip code for the building indicated in Section 3 of this sheet in the boxes provided.

Example.



The image shows a sample form for Section 14-Building Information. The form is filled out with the following information:

<b>14</b>	BLOCK NUMBER	10	LOT NUMBER	3B
BUILDING	NAME OF BUILDING (if any)			
2nd Address if known by another name	BROOKWOOD VILLAGE			
	ADDRESS: STREET NUMBER	STREET NAME		
	100	RT 1 (BUSINESS)		
	SECOND ADDRESS			
	BRUNSWICK PIKE			
	CITY	STATE	ZIP CODE	
	LAWRENCEVILLE	NJ	08648	

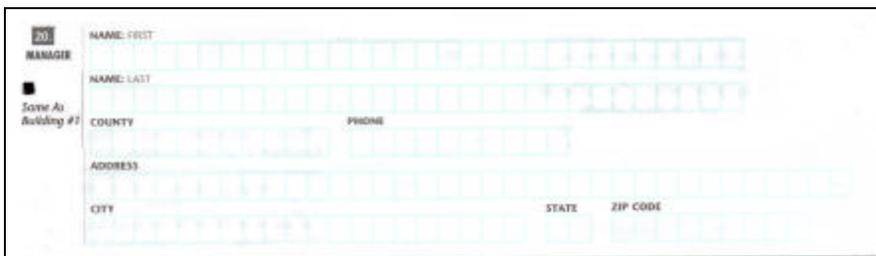
**Step  
7**

**Section 16-Manager**

If different than building #1 of your complex, in the boxes provided write the name, county, phone, address, city, state, zip code of the management company that is responsible for oversight of the building indicated in **Section 3** of this sheet.

You may check "Same as Building #1", if applicable.

Example.



The image shows a sample form for Section 16-Manager. The form is mostly blank, with the following labels visible:

<b>16</b>	NAME: FIRST		
MANAGER	NAME: LAST		
Same As Building #1	COUNTY	PHONE	
	ADDRESS		
	CITY	STATE	ZIP CODE

**Step  
8**

**Section 21-Multiple Dwelling Janitor or Superintendent**

If different than building #1 write the janitor service or superintendent name, address, apt/room number, building number, phone, city, state, and zip code for the building indicated in **Section 3** of this sheet.

You may check Same as Building #1, if applicable.

Example.

**21**  
Multiple dwelling  
Junior or  
superintendent  
(If 9 or  
more units)  
 Some As  
Building #1

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT./ROOM NUMBER \_\_\_\_\_ BUILDING NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Step 9** *Section 22-Emergency Repairs and Expenditures*

If different than building #1 in the boxes provided, write the name, address, phone, city, state, and zip code of an agent to make or arrange for emergency repairs or authorize expenditures for the building indicated in *Section 3* of this sheet.

Example.

**22**  
Individual who  
can authorize  
emergency  
repairs and  
expenditures  
 Some As  
Building #1

NAME: FIRST \_\_\_\_\_

NAME: LAST \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Step  
10**

***Owner/Applicant's Signature***

**SIGN** and **DATE** the application and print your name.

Example.

The image shows a sample of a return certificate and fee form. On the left, it reads: "RETURN CERTIFICATE AND \$10.00 FEE FOR EACH BUILDING TO: Department of Community Affairs, Division of Codes and Standards, Bureau of Housing Inspection, 101 South Broad Street, PO Box 810, Trenton, New Jersey 08625-0810". On the right, it says: "THIS FORM MUST BE SIGNED AND ALL INFORMATION MUST BE SUPPLIED INCLUDING ALL PHONE NUMBERS. IF THIS APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE OWNER." The form is filled out with a signature "Mark Smith" and the date "10/11/03". Below the signature, the printed name "MARK SMITH" is visible.

**Step  
11**

***Payment of Fees***

There is a required fee of \$10.00 for each building that you are registering. If you are registering multiple buildings within a complex, kindly remit a \$10.00 fee for each building. **Make your check or money order payable to the Bureau of Housing Inspection.** Please do not mail cash, or use a post office box as a return address.

Please forward your application to:  
**Department of Community Affairs,  
Division of Codes and Standards,  
Bureau of Housing Inspection,  
101 South Broad Street,  
PO Box 810, Trenton,  
New Jersey 08625-6225.**

**Please complete all information on your application. Incomplete or inaccurate applications will be returned to you for completion before they can be processed.**

## **General Definitions**

**Condominiums** – form of ownership of real property under a master deed providing for ownership by one or more owners of units, together with an undivided interest in common elements appurtenant to each such unit. ( See N.J.S.A. 46:8B-3 and 55:13(q).)

**Cooperatives** – a housing corporation or association which entitles the holder of a share or membership interest thereof to possess and occupy for dwelling purposes a house, apartment or other structure owned or leased by said corporation or association, or to lease or purchase a dwelling constructed or to be constructed by said corporation or association. ( See N.J.S.A. 55:13A-3(r).)

**Corporation** – “corporation” or “domestic corporation” means a corporation for profit organized under this act, or existing on its effective date and theretofore organized under any other law of this State for a purpose or purposes for which a corporation may be organized.

**Dormitory** –a space in a building where group sleeping accommodations are provided in one room, or in a series of closely associated rooms, for persons not members of the same family group, under joint occupancy and single management, as in college dormitories or fraternity houses.

**Dwelling Unit** – a room or rooms, or suite or apartment, which is occupied or intended to be occupied for sleeping or dwelling purposes by one or more persons. (N.J.S.A. 55:13A –3(h)).

**Guesthouse/Bed & Breakfast** –a facility providing sleeping or dwelling accommodations to transient guests.

**Hotels** - any building, including but not limited to any related structure, accessory building and land appurtenant thereto, and any part thereof, which contains ten or more dwelling units or has sleeping facilities for 25 or more persons and is kept, used, maintained, advertised as, or held out to be, a place where sleeping or dwelling accommodations are available to guests. “Hotel” also means any facility that is commonly regarded as a hotel, motor hotel, motel or established guesthouse in the community in which it is located. “Hotel” does not include those facilities that are excluded by statute. (Se N.J.S.A. 55:13A-3(j).)

**Legal Partnership-** “partnership” means an association of two or more persons to carry on as co-owners a business for profit.

**Limited Liability Company** - “limited liability partnership” means a partnership that has filed a statement of qualification and does not have a similar statement in effect in any other jurisdiction.

**Multiple dwelling** – any building or structure and any land appurtenant thereto, and any portion thereof, in which three or more dwelling units are occupied or intended to be occupied by three or more persons living independently of each other. “Multiple dwelling” also means any group of ten or more buildings on a single parcel of land or on contiguous parcels under common ownership, in each of which two dwelling units are occupied or intended to be occupied by two persons or households living independently of each other, and any land appurtenant thereto, and any portion thereof. “Multiple dwelling” does not include those buildings and structures that are excluded by statute. ( See N.J.S.A. 55:13A-3(k).)

**Non-profit Retreat Lodging Facility** – a building or structure, including but not limited to any related structure, accessory building, and land appurtenant thereto, and any part thereof, owned by a non-profit corporation or association which has tax-exempt charitable status under the Federal Internal Revenue Code and which has sleeping facilities used exclusively on a transient

basis by persons participating in programs of a religious, cultural or educational nature, conducted under the sole auspices or one or more corporations or associations having tax-exempt charitable status under the Federal Internal Revenue Code, which are made available without any mandatory charge to such participants. ( See N.J.S.A. 55:13A-3(s).)

**Rooming Unit-** a unit of dwelling space located within a multiple dwelling or a hotel, forming a single habitable unit used or intended to be used for living and sleeping, but not for cooking or eating purposes.

**Seasonal Hotel-** a hotel having transient occupancy.

**Story** – a portion of a building between a floor level and the next higher level or roof above.

**Transient Occupancy** – a residential occupancy where no more than fifteen percent of the residents occupy the residency for more than 90 days.