



## CITY OF CAMDEN

Application for:

### **Rooming & Boarding House Site License**

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City Ordinance (MC-5498)

#### Instructions:

1. Complete the attached application
2. Submit proof of ownership (deed or tax bill)
3. Submit a floor plan indicating the total number of rooms, purpose of each room, room numbers/address (i.e. #1, #2, or A, B)
4. Submit fee of \$200.00 (check or money order – payable to the City of Camden)

**Applications and Correspondence should be addressed to:**  
**Rooming & Boarding House Site Licensing Board**  
**City of Camden**  
**City Hall- Law Department**  
**Suite 419**  
**520 Market Street**  
**Camden, NJ 08102**  
**Attn: Dionne Hicks-Giles, Secretary**  
**(856) 757-7185**

**All Applications will be dated upon Submission. Incomplete applications will not be accepted.**

# **Rooming & Boarding Application Requirements**

**Please note that you must have the following information completed and attached to your Rooming and Boarding Application.**

1. Original Certificate of Occupancy Permit from the Department of Code Enforcement, Building Bureau, located in City Hall, 4<sup>th</sup> floor-Room 403.
2. Original Fire Certificate, from the Office of the Fire Marshal.
3. Original Assessment Certification completed by the Tax Office **(A copy will be given back to you)**
4. If you have a State License, please provide a copy along with your application.
5. A Two Hundred Dollar (\$200.00) Check, Cashier's Check or Money Order must accompany all Rooming and Boarding Applications.

**You must have Zoning Approval with the City of Camden's Division of Planning located in City Hall, 2<sup>nd</sup> Floor-Room 224.**

1. Complete the application. *{Application fees may apply}*
2. For any questions, please call their office at (856) 757-7214.

**Your property must be registered with the City of Camden's Housing Bureau located in City Hall, 1<sup>st</sup> Floor-Room 101.**

1. Complete the application and provide a completed copy of said application along with your Rooming and Boarding application. *{Application fees may apply}*
2. If you lease from Month to Month, you must provide a copy of your Rental Agreement.
3. For any questions, please call their office at (856) 757-7344.

## APPLICATION

LOCATION: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

Application is hereby being made for:

\_\_\_\_\_ **Rooming House** (Class "A" License required)

A Rooming House is a boarding house where no personal or financial services are provided to the residents. *If you provide services listed in 1a only, then check this box.*

Or

\_\_\_\_\_ **Boarding House** (Class "B" License required)

A Boarding House means any building with two or more units of dwelling space arranged or intended for single room occupancy exclusive of any unit occupied by owner or operator where personal or financial services are provided to the residents. A class B license is required when food and laundry services are provided and no other services such as personal services or financial services are provided. *If you provide the services listed in 1a and 1b only then check this box.*

Or

\_\_\_\_\_ Boarding House (Class "C" license required)

A Boarding House means any building with two or more units of dwelling space arranged or intended for single room occupancy exclusive of any unit occupied by owner or operator where personal or financial services are provided to the residents. *If you provide any of the services listed in 1c and 1d then check this box.*

Or

\_\_\_\_\_ Community Residence (Class "D" License required)

A community residence is the same as a Class "C" Boarding House except that the owner has a contract with a state agency to provide services to their clients. An application for a Class "D" Community Residence must be accompanied by a copy of the owner's contract with said state agency. The following are the state agencies that issue such contracts: Department of Health, Division of Alcoholism, Department of Human Services, Division of Mental Health and Hospitals and the Department of Corrections.

Or

\_\_\_\_\_ Boarding House (Class "E" license required)

The same as Class "D", including heavy religious activity

**\*NOTE:** The Class of this facility will be verified by the City of Camden Rooming & Boarding House Site Licensing Board.

## SERVICE INFORMATION

1. a. Residential Services – Provided in “A”, “B”, “C” and “D” facilities. YES NO
- |                                 |       |       |
|---------------------------------|-------|-------|
| Fresh Change of Bed Linen       | _____ | _____ |
| Fresh Change of Towels          | _____ | _____ |
| Blankets Provided               | _____ | _____ |
| Dresser & Closet Space provided | _____ | _____ |
- b. Food & Laundry Services – Provided in “B”, “C” and “D” facilities.
- |                 |       |       |
|-----------------|-------|-------|
| Meals provided  | _____ | _____ |
| Landry Provided | _____ | _____ |
- c. Financial Services – Provided only in Class “C” and “D” facilities.
- |  |       |       |
|--|-------|-------|
| Assistance in Dressing                     | _____ | _____ |
| Assistance in Bathing and Personal Hygiene | _____ | _____ |
| Transportation to health Services          | _____ | _____ |
| Monitoring of Medication                   | _____ | _____ |
| Other                                      | _____ | _____ |
- d. Financial Services – Provided only in Class “C” and “D” facilities.
- |                                |       |       |
|--------------------------------|-------|-------|
| Check cashing                  | _____ | _____ |
| Holding of personal funds      | _____ | _____ |
| Assistance in making purchases | _____ | _____ |

## SECTION II

(To be completed by owner who is a corporation, partnership or association)

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Name of Corporation, Partnership or Association

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Address

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City	State	Zip	Telephone
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2. Employer Identification Number: \_\_\_\_\_

3. Please attach information of all officers, directors, stockholders, members and partners, including their names, address, titles and telephone numbers.

4. Have you or any officer, partner, director, stockholder or employee ever been convicted of any crimes? ( ) Yes ( ) No (If yes, state on a separate sheet of paper) the name(s) and position(s) of person(s) convicted, where and when the nature of the offense.

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**SECTION III**  
**(To be completed by primary owner)**

1. Name of property owner \_\_\_\_\_

Address	City	State	Zip	Telephone
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2. Date of Birth: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_

4. Length of time at current address: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s), from \_\_\_\_\_ to \_\_\_\_\_.

5. If less than two years at current address, list previous address.

6. Telephone: Home/Cell: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

7. Please provide mortgagee or lien holder and address: \_\_\_\_\_

8. Have you ever used or been known by another name? (Including maiden name if married) (     ) Yes (     ) No

Please provide name: \_\_\_\_\_

Last Name

First Name

M.I.

9. Employment Information.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Ext.

10. Have you ever held a license from the State Department of Community Affairs, the State Department of Health or the State Department of Human Services?

(    ) Yes – Department of \_\_\_\_\_ License# \_\_\_\_\_

(    ) No

b. Was this license ever revoked or suspended?      (    ) Yes      (    ) No

c. If yes, please explain: \_\_\_\_\_

11. Do you presently own and/or operate any other rooming/boarding home within the City of Camden?      (    ) Yes      (    ) No      If yes, please list address and type of operation:

\_\_\_\_\_  
\_\_\_\_\_

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**\*N.J.A.C. 5:2:71-17(b)(2)] \$5,000 PER VIOLATION PER DAY**

*N.J.A.C. 5:2:71-17(b)(2) states that the maximum penalty for any act or omission in violation of the Act or Code that is not enumerated in this subsection shall be \$5,000 per violation per day. Owners of premises with one or more uses subject to this Code have concurrent responsibility with the owners of any such uses for compliance with the Code. The municipality, fire district, and fire department must ensure that the enforcing agency has an adequate number of inspectors to complete all necessary inspections and review all permit applications in a timely manner.*

**SECTION IV**  
**(To be completed by operator/resident supervisor)**

**NOTE:** Must reside in residence being applied for

1. \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_  
Name

3. Which room will you occupy? \_\_\_\_\_

4. Length of time at current address: \_\_\_\_\_ year(s) \_\_\_\_\_ month or  
from: \_\_\_\_\_ to: \_\_\_\_\_

5. Telephone: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

6. Have you ever used or been known by another name? (Including maiden name if married) ( ) Yes ( ) No Please provide that name:

\_\_\_\_\_  
Last Name First Name M.I.

**7. Employment Information**

\_\_\_\_\_  
Name of Employer Position

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone Ext. Supervisor

8. Do you have any disability or handicap? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
9. Do you presently own and/or operate any other rooming /boarding home with the City of Camden? ( ) Yes ( ) No

If yes, please list address and type of operation: \_\_\_\_\_

\_\_\_\_\_

**SECTION V**  
**(To be completed by property owner)**

**PROPERTY INFORMATION**

1. Telephone Number at Rooming/Boarding Home: \_\_\_\_\_

2. How many stories/floors exist within facility: \_\_\_\_\_

3. Is there a basement or cellar? \_\_\_\_\_

4. Is there a garage on the property? \_\_\_\_\_

5. Is parking available on site? \_\_\_\_\_

6. How many sleeping rooms are proposed: \_\_\_\_\_

1<sup>st</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_ other (describe): \_\_\_\_\_

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7. Number of apartments, if any (each of these units has a full bath and kitchen):

1<sup>st</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_ other (describe): \_\_\_\_\_

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8. Will services be provided for the tenants? \_\_\_\_\_

9. Number of any residents 62 or older? \_\_\_\_\_

10. Number of disabled residents? \_\_\_\_\_

11. Will there be staff residing at facility? \_\_\_\_\_

If yes, please list name, address, phone, and responsibilities: \_\_\_\_\_

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12. Maximum number of residents you intend to house at this facility? \_\_\_\_\_

13. Maximum number of staff that you intend to house at this facility? \_\_\_\_\_

14. Was the building ever registered with the State Bureau of Housing Inspection as  
Hotel or Municipal Dwelling? (       ) Yes (       ) No

If yes, please indicate the registration number of the building when it was registered:

\_\_\_\_\_

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## EMPLOYEE INFORMATION

Number of employees at this location \_\_\_\_\_

1.	Name _____	Name _____
	Title _____	Title _____
	Duties _____	Duties _____
	_____	_____
	_____	_____

Name _____	Name _____
Title _____	Title _____
Duties _____	Duties _____
_____	_____
_____	_____

Name _____	Name _____
Title _____	Title _____
Duties _____	Duties _____
_____	_____
_____	_____

## AFFIDAVIT

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements by me are willfully false, I am subject to penalty.

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Property Owner

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Property Owner

Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2025

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{Signature}

New Jersey Notary Public

{Seal}

# **PLEASE READ CAREFULLY**

## **ASSESSMENT CERTIFICATION**

**Section A: Applicant shall complete.**

<b>SECTION A</b>	<b><u>OWNER</u></b>
Name of Property Owner(s) _____	
Address: _____	
SEARCH address: _____	
Block: _____	Lot: _____ Account: _____

**Section B: Applicant shall take this form to the City of Camden, City Hall, 520 Market Street, Tax Office, Room 117, (1<sup>st</sup> Floor) for completion to indicate whether taxes and water & sewer is paid up to date.** Upon completion, this form shall be submitted with original application. **NO APPLICATION WILL BE ACCEPTED** – if any money is owed for Taxes and Water & Sewer a license cannot and will not be issued until accounts are paid in full – proof of payment must accompany this application.  
**In-person payments for Water & Sewer are between the hours of 9am-12pm ONLY!**

**Section C: TAX OFFICE**

An application for a Rooming & Boarding License/Community Residence License has been submitted to the Rooming & Boarding House Site Licensing Board. Please check your records to ascertain the current account status:

I HEREBY CERTIFY THAT THE PROPERTY ASSESSMENTS ARE:

Account Type	Qtr.	Due Date	Amount Owed	Other
(Taxes/W&S/Other)	_____	_____	_____	_____
(Taxes/W&S/Other)	_____	_____	_____	_____
(Taxes/W&S/Other)	_____	_____	_____	_____
(Taxes/W&S/Other)	_____	_____	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_