



BOROUGH OF SPRING LAKE HEIGHTS

555 Brighton Avenue
Spring Lake Heights, NJ 07762
Phone: 732-449-3500 Fax: 732-449-3535

**SHORT TERM RESIDENTIAL
RENTAL APPLICATION**

Rental Dwelling Address: _____ Block: _____ Lot: _____
 Property Owner(s) Name: _____
 Owner(s) Phone #: _____
 Owner(s) Email: _____
(use other side for individual names if corporation or for additional owners)
 Owner's Address: _____

Property Manager/Agent Name: _____
 Property Manager/Agent Phone # _____
 Property Manager/Agent Email: _____

RENTAL PROPERTY INFORMATION

Number of bedrooms: _____ Maximum number of occupants: _____ Pool: yes ___ no ___
 Prior revocation of Spring Lake Heights Short Term Rental License: yes ___ no ___
 Applicant is not violating the Spring Lake Heights Zoning Ordinance: yes ___ no ___
 Certificate of Inspection for Occupancy has been submitted: yes ___ no ___ date: _____
 Certificate of Liability Insurance for minimum of \$500,000 submitted: yes ___ no ___

AFFIDAVIT

The signer of this form does hereby state, warrant, certify and affirm the following:

- 1) All of the information on this registration form is accurate
- 2) The property owner and/or property manager has read and agrees to comply with the Borough of Spring Lake Heights Short Term Rental Ordinance #2025-17
- 3) Home is in safe condition and in compliance with Property Maintenance Codes and Certificate of Inspection Requirements
- 4) Home is in compliance with requirements for Smoke Detectors and/or Carbon Monoxide Detectors

Owner's Signature: _____ Date: _____

Fee \$100.00 cash or check payable to Borough of Spring Lake Heights

By signing above, the owner of the dwelling unit certifies that the above statements are true. Statements found to be falsified on this application and affidavit or failure to comply with the requirements of the Spring Lake Heights Short Term Rental Ordinance, will be grounds to revoke the Short Term Rental License.

Notice: the issuance of a Short Term Rental License shall in no way impact the Zoning of the subject rental property, and shall not prevent the Borough from enforcing Police, Zoning, Code Enforcement & Property Maintenance Code regulations & limitations on said site or any other applicable Borough Code regulations

For Office Use Only

Date Application Filed: _____ Date Paid: _____ License Expiration: _____
 Property Inspection Date: _____ By: _____

The following confirmation to be completed by Code Official:

Number of Bedrooms: _____ Maximum Occupancy: _____ On-Site Parking: _____
 Taxes Current: Yes: ___ No: ___ Water & Sewer Current: Yes: ___ No: ___
 By Tax Collector: _____ Date: _____
 Approved by: _____ Date: _____

Short Term Residential Rental Fees Are Non-Refundable and Non-Transferable



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Owner Name: _____

Owner Phone #: _____ email: _____

Owner Name: _____

Owner Phone #: _____ email: _____

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Comments:

