

TOWNSHIP OF UPPER

2100 TUCKAHOE ROAD

PO BOX 205

TUCKAHOE, NJ 08250

609-628-2011 ext. 200

SHORT TERM RENTAL REGISTRATION

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Telephone: _____ Email: _____

Rental Unit Address: _____

Block: _____ Lot: _____ Zone: _____ Number of bedrooms: _____

Name of Designated Agent: _____

Telephone: _____ Email: _____

SHORT TERM RENTAL REGULATIONS

1. No more than two cars shall be permitted to be parked at the premises (including on the street adjacent to same) for homes of up to three bedrooms, with one additional car for each additional bedroom.
2. Occupancy shall be limited to two individuals per bedroom.
3. The occupants shall comply with all municipal ordinances and State statutes pertaining to noise, nuisances and health concerns.
4. No amplified music shall be permitted outdoors past 9:00 PM.
5. All trash shall be placed in closed containers and placed at the curb for pick-up on the scheduled day.
6. All advertisements shall include the restrictions set forth in this ordinance as well as the occupancy limit of said rental property.
7. In accordance with P.L. 2022, c. 92, the owner of one or more rental units shall submit a certificate of liability insurance for negligent acts and omissions in an amount of no less than \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

I, the undersigned, hereby agree to abide by Chapter 4, Section 6 of the Code of Upper Township, and all Rules and Regulations established by the Township of Upper with regard to Short Term Rentals in the Township of Upper. I understand that failure to comply with any provisions of Chapter 4, Section 6 shall, upon conviction, be punishable by fine, and three or more violations in any calendar year shall cause this registration to be revoked for the remainder of the year and the following calendar year.

Print Name

Signature

Date

For Township Use Only

Date Filed: _____ Registration Fee: _____ Registration No: _____

Insurance Cert: _____ Date Issued: _____ Expiration Date: _____