

Department of Community Affairs
Division of Codes and Standards
Bureau of Housing Inspection
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Trenton, NJ 08625-0810
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Email Address- BHIInspections@dca.nj.gov
APPLICATION FOR EXCEPTION (N.J.A.C. 5:10-1.15)

Registration Number: _____ Date: _____

Property Name & Location: _____

Owner's Name and Address: _____

Building Use Group: Hotel ___ MD ___ Bldg height _____ No. Stories ___ No. Units _____

The owner of the above premises hereby applies for an Exception to Section _____
Of the Regulations for the Maintenance of Hotels and Multiple Dwellings – N.J.A.C.-5:10, regarding
violation(s) cited for Building number(s) _____
violation ID number(s) _____
of the Inspection Report and Orders of the Commissioner issued on _____.

1.) Requirements from which exception is sought:

2.) Manner by which strict compliance would result in undue hardship:

3.) Nature and extent of such undue hardship:

4.) Proposed alternative to requirements (where applicable, submit supportive architectural drawings, etc. for review):

Owner or Agent's Signature

Owner or Agent's Phone Number

(See Next Page for Instruction for Completing this Application)

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR EXCEPTION (N.J.A.C. 5:10-1.5)
(P.L. 1967, c 76 Hotel and Multiple Dwelling Law, N.J.S.A. 55:13A-11)**

Registration Number: Indicate registration number as shown on inspection report.

Property Name & Location: Indicate Street address in sufficient detail to enable building/project to be located
by the Bureau, include name of municipality & county in which project is located.

Owner: Indicate the full name & address of owner; if a corporation, list name & title of person submitting application in addition to the corporation's name.

Building Use Group: Indicate the use group classification of building as called for by N.J.S.A. 55:13A-3 in the Hotel and Multiple Dwelling Law.

Number of Stories: Indicate the total number of floors including occupied basements & partially below grade floors.

Building Height: Indicate the total building height in feet above grade.

Number of Units: Indicate the total number of dwelling units in the building. Dwelling units shall mean rooms, suites or apartments used for human occupancy.

Section: Indicate the appropriate regulation section number for which the exception is being sought.

Line Number(s): Indicate the line number(s) from inspection report that relates to the violation(s) for which the exception is being sought.

1. **Requirements from Which Exception are Sought:** Provide a statement describing only the provisions from which the exception is being sought.

2. **Manner by Which Strict Compliance Would Result in Undue Hardship:** Provide a statement describing how strict compliance would cause a hardship, such as a hazardous or inconvenient condition, or required unreasonable demolition and any undue burden other than financial, etc.

3. **Nature and Extent of Such Undue Hardship:** Provide a statement, which will enable the Bureau to access the magnitude of hardship which would result. If the exception would apply to more than one room, door, stair, building, etc., describe how many. If compliance is physically impossible, state and describe order of magnitude.

4. **Proposed Alternative to Requirements:** Provide a statement describing a feasible alternative, that the applicant is proposing to the requirements of the Regulations, which would adequately protect the health, safety, and welfare of the occupants or intended occupants and the public generally. Provide an architectural drawing or any other acceptable method indicating the proposed alternative, and state how the alternative provides for the health, safety, and welfare in accordance with the intent of the Regulations.

Submit a separate application for each exception. If the applicant desires a similar exception for separate buildings of different uses, a separate application shall be submitted for each use. Submit two copies of the completed application for each exception and attach additional sheets, if necessary, to satisfactorily answer all questions.