



CITY OF PASSAIC, NEW JERSEY
DEPARTMENT OF INSPECTIONS AND CODE ENFORCEMENT

CITY HALL
330 PASSAIC STREET
PASSAIC, N.J. 07055

973-365-5573

973-365-5615

Fax: 973-365-5552

Vincent Capuana
Director

CERTIFICATION OF OWNER OF PROPERTY

E-mail: housing@cityofpassaicnj.gov

_____ owner of premise located at:

(NAME OF OWNER OF PROPERTY

_____ bldg# _____

PROPERTY ADDRESS

AUTHORIZE: _____

NAME OF TENANT

- TO:
- () process an application for Occupancy Certificate
 - () process an application for Uniform Construction Code
 - () obtain permits for construction or plans

The premise is occupied as: _____

The premise will be used for: _____

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

SIGNATURE OF OWNER OF PROPERTY

ADDRESS OF OWNER

PHONE#