

**CITY OF PASSAIC**  
**APPLICATION FOR OCCUPANCY CERTIFICATE**

DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ BLDG: \_\_\_\_\_ UNIT: \_\_\_\_\_

NAME OF CURRENT OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY PHONE NUMBER: \_\_\_\_\_

**ONE OR TWO FAMILY DWELLING:**

NO. OF FAMILIES: \_\_\_\_\_

(NUMBER OF ROOMS)

LIVING ROOM: \_\_\_\_\_ DINING ROOM: \_\_\_\_\_ KITCHEN: \_\_\_\_\_ BEDROOM: \_\_\_\_\_ BATHROOM: \_\_\_\_\_

ATTIC: \_\_\_\_\_ (FINISHED OR UNFINISHED) IS THE ATTIC PART OF THE 2ND FLOOR APARTMENT? \_\_\_\_\_

BASEMENT/CELLAR: \_\_\_\_\_ (FINISHED OR UNFINISHED)

DRIVEWAY (YES OR NO): \_\_\_\_\_ GARGAGE (NUMBER OF CARS): \_\_\_\_\_

**COMMERCIAL USES:**

JUKE BOX: \_\_\_\_\_ POOL TABLE: \_\_\_\_\_ VIDEO GAME: \_\_\_\_\_ ENTERTAINMENT: \_\_\_\_\_

**ALL USES:**

RESIDENTIAL                       COMMERCIAL

PREVIOUS USE OF PREMISE: \_\_\_\_\_

PREMISE WILL BE USED FOR: \_\_\_\_\_

**HEATING SYSTEM:**

GAS                       ELECTRIC                       OIL

IF OIL, LOCATION OF TANK:  ON SITE \_\_\_\_\_  UNDER SIDEWALK

**NAME TO BE PRINTED ON OCCUPANCY CERTIFICATE:**

OWNER                       BUYER                       OCCUPANT/TENANT (FOR COMMERCIAL)

NAME(S): \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY PHONE NUMBER: \_\_\_\_\_

**REPORT TO BE MAILED TO:**

OWNER                       BUYER                       OCCUPANT/TENANT                       OTHER

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**AFFIDAVIT TO BE SIGNED BY APPLICANT**

\_\_\_\_\_ OF FULL AGE, BEING DULY SWORN ON HIS OATH SAYS THAT HE/SHE IS THE OWNER (OR DULY AUTHORIZED AGENT OF THE OWNER FOR THE PURPOSE HEREIN), AGREES TO USE OR OCCUPY SAID PREMISE, OR OBTAIN PERMISSION TO PROCEED IN CONFORMITY WITH THE ACCOMPANYING STATEMENT FILED WITH THE DEPARMTENT OF COMMUNITY DEVELOPMENT-DIVISION OF HOUSING, TO COMPLY WITH THE ZONING AND PROPERTY MAINTENANCE CODE AND ALL AMENDMENTS AND SUPPLEMENTS THERETO. **NOTE: THIS OCCUPANCY CERTIFICATE CERTIFIES THAT THE ABOVE REFERENCED PROPERTY IS IN COMPLIANCE WITH PASSAIC'S PROPERTY MAINTENANCE AND ZONING LAWS. IT IS NOT APPROVING, NOR DOES IS RELIEVE YOU FROM THE NEED TO OBTAIN ANY OTHER NECESSARY PERMITS OR APPROVALS, INLCUDING BUT NOT LIMITED TO CONSTRUCTION PERMITS, FIRE SAFETY ACT REQUIREMENTS AND HEALTH APPROVAL.**

SWORN AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

**=====DO NOT WRITE BELOW THIS LINE=====**

ZONE: \_\_\_\_\_  APPROVED                       DENIED

CONDITION(S): \_\_\_\_\_

\_\_\_\_\_  
ZONING OFFICER

\_\_\_\_\_  
DATE

**FEE:**  
ESCROW \$ \_\_\_\_\_ CK# \_\_\_\_\_ CASH  RECEIPT# \_\_\_\_\_ DATE \_\_\_\_\_  
FIRE \$ \_\_\_\_\_ CK# \_\_\_\_\_ CASH  RECEIPT# \_\_\_\_\_ DATE \_\_\_\_\_  
OC \$ \_\_\_\_\_ CK# \_\_\_\_\_ CASH  RECEIPT# \_\_\_\_\_ DATE \_\_\_\_\_