



CITY OF PASSAIC
DIVISION OF HOUSING
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? _____

FULL BATHROOM _____ KITCHEN _____

BASEMENT/CELLAR: _____ (FINISHED OR UNFINISHED) FULL BATHROOM _____ KITCHEN _____

DRIVEWAY (YES OR NO): _____ GARAGE (NUMBER OF CARS): _____

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): _____

IF CORPORATION, YOU MUST SUPPLY REGISTERED AGENT'S NAME ABOVE

BUSINESS NAME (IF APPLICABLE): _____

IF CORPORATION, YOU MUST SUPPLY A COPY OF YOUR REGISTRATION

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 DEPARTMENT 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 TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,

NOTARY PUBLIC MY COMMISSION EXPIRES _____

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 _____