



APPLICATION FEE (USD\$20.00)

Must provide Certificate Of Insurance, governor signed into law S-1368

CITY OF PASSAIC, NEW JERSEY
DIVISION OF HOUSING
330 PASSAIC STREET
PASSAIC, NEW JERSEY 07055
PHONE: 973-365-5615 FAX: 973-365-5546

Dear Passaic City **Property** Owner:

City of Passaic Ordinance 2339-22 Heating System Inspection Certification Form
Completing and filing this form satisfies the annual operational heating system, Inspection certification requirement of City of Passaic Ordinance 2339-22. In addition to providing the following information, you must sign and certify the accuracy and truthfulness of the information being reported. One form shall be submitted per building prior to November 15 of each calendar year. Multiple buildings at the same physical address each require the completion and filing of a Separate certification form.

Unit Type: _____ # of Heating Units _____ Age: _____ Block: _____ Lot: _____

Property Location: _____

Owner Information

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____ City _____ State _____ Zip Code _____

Business Information:

LLC Information _____

LLC Address _____ City _____ Zip Code _____

Emergency/ Agent Phone Number _____ Date of recent state inspection _____

Please answer the following questions:

1. How many applicable buildings are at this address? _____
2. *Please circle one* Have certifications for each building been submitted? Yes No
3. *Please circle one* Has the certifying individual reported any open violations of the heating system? Yes No
4. *Please circle one* Are there any open violations from any agencies for the heating system in this building? Yes No
5. Date heating system was recently inspected by a licensed professional. _____

I hereby certify that all of the information provided by me in this certification (or any other Accompanying or required documents) is correct, accurate, and complete to the best of my Knowledge, I understand that the falsification, misrepresentation, or omission of any facts in Said documents will be cause for legal action. I further certify that I am the building owner, their designated agent, or a licensed professional and I have the authority to complete this form, I certify that any pre-populated cells of this form from previous submissions accurately represent the current status of the heating system in this building.

Signature:

Date: