



CITY OF PASSAIC | INSPECTIONS & CODE  
DIVISION OF HOUSING

CERTIFICATE FEE: \$50.00

OCCUPANCY CERTIFICATE APPLICATION  
ONE FAMILY

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

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ UNIT, IF APPLICABLE: \_\_\_\_\_

CURRENT PROPERTY USE:  RESIDENTIAL  COMMERCIAL  OTHER – SPECIFY: \_\_\_\_\_

NAME OF CURRENT OWNER/SELLER: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF ROOMS:

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

ATTIC (Y/N): \_\_\_\_\_ PART OF 2ND FLOOR? (Y/N): \_\_\_\_\_ FULL BATH (Y/N): \_\_\_\_\_ KITCHEN (Y/N): \_\_\_\_\_ BASEMENT FIN (Y/N): \_\_\_\_\_

**BUYER'S INFORMATION – NOTE: OCCUPANCY CERTIFICATE WILL BE ISSUED UNDER BUYER'S NAME**

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

IF CORP, LLC, ETC. YOU MUST SUPPLY REGISTERED AGENT'S NAME ABOVE

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

IF CORP, LLC, ETC. YOU MUST SUPPLY A COPY OF YOUR CERTIFICATE OF FORMATION

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

PHONE NUMBER: \_\_\_\_\_ ALT PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE NOTE: INSPECTION/VIOLATION REPORT(S) WILL BE SENT VIA EMAIL TO THE SELLER AND BUYER. ADDITIONAL COPIES MUST BE REQUESTED BY FILING AN OPRA REQUEST.**

**\*AFFIDAVIT TO BE SIGNED BY APPLICANT\***

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 IT RELIEVE YOU FROM THE NEED TO OBTAIN ANY OTHER NECESSARY PERMITS OR APPROVALS, INCLUDING BUT NOT LIMITED TO CONSTRUCTION PERMITS, FIRE SAFETY ACT REQUIREMENTS AND HEALTH APPROVAL.

\_\_\_\_\_  
NAME OF OWNER OR AGENT

\_\_\_\_\_  
SIGNATURE & DATE

----- **DO NOT WRITE BELOW THIS LINE | OFFICE USE ONLY** -----

M.O / CHK#: \_\_\_\_\_ /  CASH RECEIPT#: \_\_\_\_\_ DATE: \_\_\_\_\_

ESCROW: \_\_\_\_\_ M.O / CHK#: \_\_\_\_\_ /  CASH RECEIPT#: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXPEDITE (\$300.00)** M.O / CHK#: \_\_\_\_\_ /  CASH RECEIPT#: \_\_\_\_\_ DATE: \_\_\_\_\_