



**CITY OF PASSAIC | INSPECTIONS & CODE
DIVISION OF HOUSING
OCCUPANCY CERTIFICATE APPLICATION
MULTIPLE FAMILY**

***CERTIFICATE FEE CALCULATED
UPON SUBMISSION***

****HARDWIRE ALARM REPORT REQUIRED****

PROPERTY ADDRESS: _____

BLOCK: _____ **LOT:** _____ **TOTAL UNITS:** _____

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

CERTIFICATE FEE: \$ _____

M.O / CHK#: _____ **/** ☐ **CASH** **RECEIPT#:** _____ **DATE:** _____

ESCROW: _____ **M.O / CHK#:** _____ **/** ☐ **CASH** **RECEIPT#:** _____ **DATE:** _____

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