



Insp Date: _____

Time: 9:30-11am or 1:30-3pm

CITY OF PASSAIC DIVISION OF HOUSING
APPLICATION FOR OCCUPANCY CERTIFICATE

Inspector: _____

THREE+ FAMILY

DATE: _____

PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____ BLDG: _____ UNIT: _____

NAME OF CURRENT OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

ALL USES: RESIDENTIAL COMMERCIAL OTHER/WAREHOUSE

PREVIOUS USE OF PREMISE: _____ PREMISE WILL BE USED FOR: _____

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): _____

NAME TO BE PRINTED ON OCCUPANCY CERTIFICATE: OWNER BUYER OTHER

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: _____ ALT PHONE NUMBER: _____

EMAIL ADDRESS: _____

REPORT TO BE MAILED TO: OWNER BUYER OTHER

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL 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

FEES:

ESCROW \$ _____ CK# _____ CASH RECEIPT# _____ DATE _____
FIRE \$ _____ CK# _____ CASH RECEIPT# _____ DATE _____
OC \$ _____ CK# _____ CASH RECEIPT# _____ DATE _____