



Insp Date: \_\_\_\_\_

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

**CITY OF PASSAIC DIVISION OF HOUSING  
APPLICATION FOR OCCUPANCY CERTIFICATE**

Inspector: \_\_\_\_\_

**TWO 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 \_\_\_\_\_