



TOWNSHIP OF HILLSIDE
DEPARTMENT OF BUILDING & HOUSING
1409 LIBERTY AVENUE
HILLSIDE, NJ 07205
(973) 926-5100 fax (973) 351-5471

MAYOR ANDREA L. HYATT

Artur Figueiredo
Construction Official

APPLICATION FOR CERTIFICATE OF HABITABILITY

REQUIREMENTS

GENERAL: This form must be completed in its entirety and accompanied by Floor Plan(s) showing all room(s)/floor(s) with designation, and room dimensions, along with the current LEASE AGREEMENT.

PAYMENTS: \$100 Registration Fee(s) PER UNIT can be paid by cash, check, money order or credit card.

SUPERINTENDENT: In every dwelling unit containing four or more dwelling units, the owner shall provide the contact information for the superintendent.

INSPECTIONS: By submitting this application and paying the fee, the applicant represents that the subject dwelling unit is ready for inspection. The assigned code enforcement officer will contact you to schedule your appointment within 15 working days. Any refusal to allow entry for inspection shall constitute a violation of section of the Code of the Township of Hillside.

CERTIFICATE OF HABITABILITY – REQUIRED SIGNATURES: The owner or the designated representative of the premises for which a Certificate of Habitability certification is being issued, must sign the Certificate. Upon renting the premises involved, a copy of the Certificate is to be signed by the tenant(s) and the tenant shall be issued a signed copy of the Certificate, and the owner or the designated representative shall return a copy of the Certificate to the Department of Building and Housing.

HILLSIDE HEALTH DEPARTMENT USE ONLY

The Hillside Health Department must confirm that there are NO OUTSTANDING LEAD VIOLATIONS in the subject apartment.

Lead Violations: { } YES { } NO

CONFIRMED BY THE FOLLOWING HEALTH DEPARTMENT REPRESENTATIVE:

Print Name: _____

Signature: _____

Date: _____

DEPARTMENT OF BUILDING & HOUSING USE ONLY

ELEVATOR AT SUBJECT PROPERTY? { } YES { } NO Prior to issuance of Certificate, all fees and inspections must be current.

APPLICATION

PROPERTY ADDRESS: _____ APT.# _____

BLOCK _____ LOT _____

If LLC, Managing Member name required

CURRENT OWNER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: Day () _____ Evening () _____ Email: _____

SUPERINTENDENT'S NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: Day () _____ Evening () _____ Email: _____

NUMBER OF TENANTS: _____ Please list names of all tenants over the age of 18 below.

MAIL CERTIFICATE AND RELATED CORRESPONDENCE TO: { } OWNER { } SUPERINTENDENT

SIGNATURE BLOCK: I, hereby certify under penalty of perjury that the foregoing statements made by me are true and correct.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

*****FOR OFFICIAL USE ONLY*****

Date Received

Received By

Fees Paid

Form of Payment

Transaction #

Date of Inspection

Inspector

Name of person confirming inspection date