



Mark J. Barner  
Acting Director

THE CITY OF EAST ORANGE  
DEPARTMENT OF PROPERTY MAINTENANCE  
44 CITY HALL PLAZA  
EAST ORANGE, NEW JERSEY 07019

MAYOR TED R. GREEN

Telephone: (973) 266-5320  
Fax: (862) 930-3580

APPLICATION FOR CERTIFICATE OF HABITABILITY

REQUIREMENTS

**GENERAL:** Please Print! This form must be completed in its entirety. P.O. Boxes are Not Accepted.  
**PAYMENTS:** All fees must be paid by Certified Check or Money Order Only and made payable to the City of East Orange.  
**SUPERINTENDENT:** In every dwelling containing four or more dwelling units, the owner shall provide and designate a superintendent who shall be licensed by and registered, by building, with the City of East Orange's Department of Inspections and Licensing. In any premises containing 25 or more dwelling units, the superintendent shall be a full-time employee and shall reside on the premises.  
**INSPECTIONS:** By submitting this application and paying the fee, the applicant represents that the subject dwelling unit is ready for inspection. The assigned housing inspector will phone you for appointment within 15 working days. Any refusal to allow entry for inspection shall constitute a violation of Section 159-18 of the Code of the City of East Orange.  
**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 the renting of the premises involved, a copy of the Certificate is to be signed by the tenant and the tenant shall be issued a signed copy of the Certificate, and the owner ( of the designated representative) shall return a signed copy of the Certificate to the Department of Property Maintenance.

EAST ORANGE HEALTH DEPARTMENT USE ONLY

The East Orange 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 \_\_\_\_\_  
ELEVATOR AT SUBJECT PROPERTY? [ ] YES [ ] NO

PROPERTY ADDRESS: \_\_\_\_\_ Apt. # : \_\_\_\_\_  
BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ WARD \_\_\_\_\_  
CURRENT OWNER: \_\_\_\_\_ If LLC, Managing Member name required: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
ESSEX COUNTY AGENT: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
SUPERINTENDENT'S NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_ APT #: \_\_\_\_\_  
PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
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 \*\*\*\*\*

Reference No.	Date	Initials	Fee	Date
Date Assigned	Interviewer	Inspector		Date Entered/Initials

Jun14