



Mark J. Barner
Director

THE CITY OF EAST ORANGE
DEPARTMENT OF CODE ENFORCEMENT
44 CITY HALL PLAZA
EAST ORANGE, NEW JERSEY 07018
MAYOR TED R. GREEN

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APPLICATION FOR CERTIFICATE OF HABITABILITY

REQUIREMENTS - UPDATED 3/2020

GENERAL: PLEASE PRINT CLEARLY. This form must be completed in its entirety. *P.O. Boxes are Not Accepted.*
PAYMENTS: Must be paid by Certified Check or Money Order and made payable to the City of East Orange; or by Debit or Credit Card.
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 an 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 (C of H/CERTIFICATE) – REQUIRED SIGNATURES: The owner (or representative) of the premises for which a C of H 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 (or representative) shall return a signed copy of the Certificate to Code Enforcement.

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 () _____ **Email:** _____
ESSEX COUNTY AGENT: _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PHONE: Day () _____ Evening () _____ **Email:** _____
SUPERINTENDENT'S NAME: _____ **LICENSE #:** _____ **APT #:** _____
PHONE: Day () _____ Evening () _____ **Email:** _____
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
				Jun14
Date Assigned	Interviewer	Inspector	Date Entered/Initials	3/2020