



Eladio Negron
Director

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

Telephone: (973) 266-5320
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APPLICATION FOR CERTIFICATE OF HABITABILITY

REQUIREMENTS – UPDATED 8/10/22

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.
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.

CODE ENFORCEMENT 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/LEAD LIST 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	Receipt No.	Date
Date Assigned	Interviewer	Inspector		Date Entered/Initials	