



*Borough of Sussex*  
 2 Main Street  
 Sussex, New Jersey 07461  
 Phone: 973-875-4831  
 Facsimile: 973-875-6261

**CERTIFICATE OF HABITABILITY**

**Please return completed form and check made payable to Sussex Borough.**

Please print clearly or type information.

1) **Address of Rental Property:** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

2) **Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3) **Contact information of Managing Agent (if applicable):**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4) **Emergency Contact Information:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

5) **Property Type: \$50.00 fee per unit CHECK ONE**

- Single Family Home *(Municipal Landlord Form Required)*
- Two Family Home *(Municipal Landlord Form Required)*
- Multi-Family Building: Indicate number of units: \_\_\_\_\_
- Apartment Building: Indicate Complex Name and number of units: \_\_\_\_\_

**Total Number Units** \_\_\_\_\_ **X 50.00=** \_\_\_\_\_ **TOTAL**

6) **List all rental units including number of bedrooms, number of persons authorized to reside in rental unit, and number of parking spaces. (Add additional sheet if necessary):**

Indicate Unit	Number Bedrooms	Number Residents Adults/Children	Name of Tenant	Number Parking Spaces

**SUSSEX BOROUGH  
CERTIFICATE OF HABITABILITY APPLICATION CONTINUED**

**Address of Rental Property:** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

**TENANTS- LIST ALL ADULT NAMES WITH CONTACT INFO AND MOVE IN DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sanitation Company** \_\_\_\_\_

Owner (Signature) \_\_\_\_\_ hereby certifies that the aforementioned property has been maintained in accordance with the codes for Sussex Borough inspection required as per code: 12-1.6c.(1). I understand that any violation of code may result in fines. **Inspections are done by appointment only on business days only. An adult above the age of 18 must be present for the inspection. Landlords who fail to complete the Certificate of Habitability and the inspection will incur a court summons.**

**Please indicate if owner occupied YES \_\_\_\_\_ NO \_\_\_\_\_ (ATTACH COPY OF DRIVER'S LICENCE IF OWNER OCCUPIED)**

\_\_\_\_\_  
**Signature of Owner/Landlord** \_\_\_\_\_ **Date**

**FOR OFFICIAL USE ONLY**

**AMOUNT PAID:** \$ \_\_\_\_\_  Cash  Check **Check Number** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_

**CERTIFICATE NUMBER** \_\_\_\_\_ **INSPECTION DATE:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_