



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: