

SECAUCUS MUNICIPAL GOVERNMENT
PROPERTY MAINTENANCE
CERTIFICATE OF HABITABILITY APPLICATION

RESIDENTIAL COMPLEX _____

ADDRESS _____

UNIT LOCATION TO BE INSPECTED _____

(UNIT MUST BE VACANT, UNOCCUPIED WITH NO PERSONAL BELONGINGS)

EXPECTED DATE OF RE-OCCUPANCY _____

CONTACT PERSON FOR ACCESS TO THE UNIT:

NAME PHONE#

POSITION _____

PLEASE CHECK ONE:

FIRST INSPECTION (Fee \$50.00) _____
Date Paid Check#

FIRST RE-INSPECTION (Fee \$15.00) _____
Date Paid Check#

Second or More Re-inspections (Fee \$100.00) _____
Date Paid Check#

COMPLETED APPLICATION WITH A UNIT FLOOR PLAN MUST BE RECEIVED BY THIS OFFICE AT
LEAST THREE (3) BUSINESS DAYS PRIOR TO EXPECTED DATE OF REOCCUPANCY.

APPLICANT CERTIFIES THAT THE OWNER IS IN COMPLIANCE WITH:
CHAPTER 105 PROPERTY MAINTENANCE, INSPECTION OF CERTAIN DWELLING UNITS,
WITH RESPECT TO THE ABOVE UNIT

APPLICANT'S SIGNATURE