



TOWN OF CLINTON
INCORPORATED APRIL 5, 1865
43 Leigh St., P.O. Box 5194
Clinton, N.J. 08809-5194
(908) 735-8616 FAX (908) 735-8082

**APPLICATION FOR RENTAL CERTIFICATE OF OCCUPANCY
DUE TO A CHANGE IN TENANTS**

This application should be completed in full whenever there is a change in any tenant of a rental dwelling unit. **An application fee of \$25.00 is also required when submitting this application.**

1. NAME OF LANDLORD:

2. ADDRESS OF LANDLORD:

3. CONTACT TELEPHONE NUMBER OF LANDLORD (for inspection scheduling purposes):

4. PHYSICAL ADDRESS OF DWELLING UNIT (Include Dwelling Unit Number):

5. CHANGE IN OCCUPANCY DATE:

6. TOTAL NUMBER OF TENANTS TO OCCUPY THIS DWELLING UNIT (Including Minors):

7. THE FLOOR AREA OF THE FOLLOWING HABITABLE ROOMS WITHIN THE DWELLING UNIT:

Kitchen:	Dining Room:
Living Room:	Den:
Family Room:	Study:
Other: (List room use)	

8. FLOOR AREA OF EACH ROOM WITHIN DWELLING UNIT USED FOR SLEEPING PURPOSES:

Room 1:	Room 4:
Room 2:	Room 5:
Room 3:	Room 6:

CERTIFICATION

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

I hereby certify that the dwelling unit is in compliance with the 2000 International Property Maintenance Code & Chapter 70 of the Town of Clinton Code. (Both codes are available at the Town Hall Annex located at 47 Leigh Street, Clinton, NJ.)

PLEASE PRINT CLEARLY

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone Number: _____

Landlord's Signature: _____

Date: _____

OFFICE USE ONLY

Fee Amount: \$25.00

Check Number: _____ Date Received: _____