



**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  
COMPLETED DUE TO A CHANGE IN ANY TENANT/S**

**PLEASE PRINT CLEARLY & COMPLETE ALL INFORMATION**

This application should be completed in full whenever there is a change in any tenant of a rental dwelling unit (apartment). **An application fee of \$15.00 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 Identification Number):
  
5. PROPOSED 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:  
Indicate actual room dimensions or square footage. (DO NOT STATE "ON RECORD")

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

8. DIMENSIONS OF EACH ROOM WITHIN DWELLING UNIT USED FOR SLEEPING PURPOSES:  
Indicate actual room dimensions or square footage. (DO NOT STATE "ON RECORD")

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 Town of Clinton Code Chapter 70 and all referenced codes within Chapter 70, namely the 2015 International Property Maintenance Code & NJ Uniform Fire Code. (Codes are available at the Town Hall & Annex Bldg. located at 43 & 47 Leigh Street, Clinton, NJ, respectively)\*\* Smoke Detectors shall not remain in service longer than 10 years from the date of Manufacture\*\***

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Email:  
(Print Clearly)

Landlord's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please note that an inspection will be required in conjunction with this application. Per Town Code 70-13.C., if more than 5 violations are noted, a re-inspection fee of \$20.00 will be required to be paid before the necessary re-inspection. No occupancy is permitted without obtaining a Rental Certificate of Occupancy as per Town Code 70-10.F.*

#### OFFICE USE ONLY

Fee Amount: **\$15.00**

Check Number: \_\_\_\_\_

Date Received: \_\_\_\_\_