

Borough of Mount Arlington Zoning Department

419 Howard Blvd.
Mount Arlington, NJ 07856
Tel: (973) 398-6832
Fax: (973) 398-2309

CERTIFICATE OF HABITABILITY APPLICATION

Address of Property: _____

Single Family (_____) Multifamily (_____)

Block _____ Lot _____ Qualifier _____

Name of Owner: _____

New Address of Owner: _____

_____ Tel. Number: _____

Description of Dwelling: Rental: _____ Resale: _____ Closing/Rental Date: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Number of Kitchens: _____ Number of Out Building: _____

Municipal Sewer: _____ Municipal Water: _____ Private Well: _____

Finished or Unfinished Basement: _____

Well Certification for private wells for non-potable water or irrigation: _____

I certify this information to be correct, no improvements
installed without approved permits. _____ _____
Date Telephone Number

-----For Office Use Only-----

Property Maintenance: Conforms () Violation ()

Reason: _____

Certificate of Habitability: Approved () Denied ()

Comments: _____

Appointment set for: _____

Thomas Mahoney, Zoning Officer

Fee*: _____ Check () Cash () Date Received: _____ By: _____

***\$60.00 unless within seven (7) business days of closing, then an additional \$100 expedition fee shall also be required.
****PAYMENT IS MADE AT BOROUGH HALL, 419 Howard Bld., Mt Arlington, NJ 07856******