

# Borough of Mount Arlington Zoning Department

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## CERTIFICATE OF HABITABILITY APPLICATION

Address of Property: \_\_\_\_\_

Single Family \_\_\_\_\_ Multifamily \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Dwelling:** Rental: \_\_\_\_\_ Resale: \_\_\_\_\_ Closing/Rental Date: \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Number of Kitchens \_\_\_\_\_ Number of Out Buildings \_\_\_\_\_

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, Date Telephone Number  
no improvements installed without  
approved permits.

-----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 fee shall also be required for expediting.**

