TOWNSHIP OF LITTLE FALLS
CODE ENFORCEMENT
PASSAIC COUNTY NEW JERSEY
CERTIFICATE OF COMPLIANCE

225 MAIN STREET
LITTLE FALLS, NJ 07424
973-256-6182

CERTIFICATE #_____
DATE RECEIVED_____
AMOUNT $_____
CHECK #_____

PROPERTY ADDRESS_____

BLOCK_____ LOT_____ QUALIFICATION_____

SINGLE FAMILY_____
TWO FAMILY_____
MULITIPLE FAMILY_____

RESALE_____
RENTAL_____

CURRENT OWNER

NAME_____

ADDRESS_____

CITY & STATE_____

HOME PHONE_____ CELL PHONE_____

NEW OWNER OR TENANT CIRCLE ONE)

NAME_____

CURRENT ADDRESS_____

CITY & STATE_____

HOME PHONE_____ CELL PHONE_____

NEW TENANT COMPLETE FORM

FLOOR TOBE OCCUPIED_____ DATE TO BE OCCUPIED_____

CONTACT PERSON FOR INSPECTION _____

TELEPHONE_____ INSPECTION DATE & TIME_____

FOR RESALE COMPLETE ONE FORM FOR EVERY APARTMENT

NUMBER OF ADULT OCCUPANTS_____ NUMBER OF CHILDREN_____

HUSBANDS NAME _____ NAME _____ AGE_____

SPOUSE'S NAME_____ NAME _____ AGE_____

SINGLE ADULTS_____ NAME _____ AGE_____

_____ NAME _____ AGE_____

_____

RELATIONSHIP OF OCCUPANTS_____ NAME _____ AGE_____

WE CERTIFY THAT ALL FORGOING STATEMENTS ARE TRUE. WE ARE AWARE THAT IF ANY OF THE FORGOING STATEMENTS MADE BY US ARE WILLFULLY FALSE, WE ARE SUBJECT TO PUNISHMENT.

NEW TENANT / BUYER_____ DATE_____

CURRENT OWNER _____ DATE_____

REALTOR_____ DATE_____

REALTOR'S NAME & ADDRESS_____

THE INSPECTION MUST PROVIDE ACCESS TO THE ENTIRE STRUCTURE & PROPERTY AS REQUIRED BY LAW