



**State of New Jersey**  
 DEPARTMENT OF COMMUNITY AFFAIRS  
 101 SOUTH BROAD STREET  
 PO BOX 810  
 TRENTON, NJ 08625-0810

**DIVISION OF CODES AND STANDARDS  
 BUREAU OF HOUSING INSPECTIONS  
 RENOVATION**

STATE OF NEW JERSEY )

SS. \_\_\_\_\_

COUNTY )

**CERTIFICATION IN LIEU OF AFFADAVIT**

I, \_\_\_\_\_, am 18 years of age or older and do  
Name of Affiant  
 solemnly affirm and say:

1. I own or exercise control over the premises located at \_\_\_\_\_  
Street Number and Name  
 In the Municipality of \_\_\_\_\_, County of \_\_\_\_\_  
 in the State of New Jersey.

2. As of this date the said premises contains \_\_\_\_\_ building(s), with a total number of \_\_\_\_\_ dwelling units  
 occupied or intended to be occupied by persons living independently of each other.

3. The following unit(s) is(are) now vacant, having been completely renovated:  
 \_\_\_\_\_  
 List of units continued on page 2

4. I certify that these unit(s) is equipped with a working smoke detector and each unit entry door is fire rated and self-closing,  
 pursuant to Title 5, Chapter 70, of the New Jersey Fire Code.

5. These unit(s) will only be occupied after a Certificate of Occupancy is obtained from the local Construction Official and a copy is  
 submitted to the Bureau of Housing Inspections. Upon abatement of any cited violation, and submission of all Certificates of  
 Occupancy, the Bureau will issue this property' Certificate of Inspection. I understand that I will be liable to a PENALTY in the  
 event I fail to abide by this Certification.

6. I certify that the forgoing statements made by me are true. I am aware that if any of these statements are willfully false, I am  
 subject to punishment, pursuant to N.J.S.A. 55:13A-19(a) or (b) of the NEW JERSEY HOTEL AND MULTIPLE DWELLING  
 LAW. I shall be liable to a penalty of not less than \$50.00 nor more than \$500.00 for the first violation of this Certification and  
 penalty of not less than \$500.00 nor more than \$5000.00 for each offense.

\_\_\_\_\_  
 Signature of Inspector (Witness)

\_\_\_\_\_  
 Signature of Affiant

\_\_\_\_\_  
 Name of Inspector

\_\_\_\_\_  
 Name of Affiant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address of Affiant

\_\_\_\_\_  
 Address of Affiant

\_\_\_\_\_  
 Date



**Additional Completely Renovated Vacant Units**