



Tenant Occupancy Application

Department of Construction and Zoning

Town of Harrison

Telephone: 973-268-2446 318 Harrison Ave, Harrison New Jersey 07029

Fax: 973-268-2423

www.townofharrison.com

Block: _____ Lot: _____ Date Received: _____

Owner's Name: _____ Tenant's Name _____

Property Address: _____ Tenant's Address _____

Town/State/Zip: _____ Town/State/Zip: _____

Telephone No. _____ Telephone No. _____

Sq. Footage of rental unit: _____ @ _____ Total fee: _____

Approximate Closing Date: _____ Check #: _____

Description of Use: _____ Cash: _____

Signature: _____

(Owner/Agent)

The Certificate shall indicate that as a result of a general inspection of the visible parts of the structure, no violations have been determined to have occurred and no unsafe conditions have been found, and that the existing use of the structure heretofore lawfully existed.

Office Use Only:

Use Group: _____ Open Permits: _____

Sq. Footage of Rental Unit: _____ Zone: _____ Monetary Penalties: _____

Legal Use: _____ Correspondence: _____ Fire Dept: (Smoke Detector) : _____

State Housing (Housing Violations): _____ State Housing Reg #: _____

Health Department : _____

Signed: _____ Date: _____

Zoning Official or Designee