



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854

TOWNSHIP OF PISCATAWAY

Municipal Certificate of Continued Occupancy Application - Rental Property

****Please complete entire application and print clearly****

Property Address: _____ Block: _____ Lot: _____

Property is: Single Family Two-Family Multi-Family Landlord Registration Submitted: Y / N

Landlord Name: _____ Phone: _____

Landlord Address: _____

Applicant's phone number (if not homeowner): _____

Tenant's Name: _____ Tenant Phone #: _____

Date of Occupancy: _____

Other's in Household: _____ Number of bedrooms: _____

Name: _____ Relationship to Tenant above: _____

Your inspection report and approved MCCO is emailed to you

Your email: _____

Applicant's email (if not Landlord): _____

Print Name of Landlord or Applicant

Signature of Landlord or Applicant

Date

****Note: Information that is not clearly written will result in delaying your inspection report, and/or your approved CCO. ****