

# AFFIDAVIT OF UNDERSTANDING

I understand the Town of Phillipsburg Conditional Certificate of Habitability # TBD, for Block \_\_\_\_\_ Lot \_\_\_\_\_ Address \_\_\_\_\_ issued to me is granted for 180 days so that violations of §447 of the Code of the Town of Phillipsburg stated on the Certificate Application inspection report—which I have received—will be abated.

I understand that this conditional certification is only extended to the designee below and that an unpermitted change of use or occupancy will invalidate the Conditional Certificate.

I understand that in the case of failure to abate stated violations within the permitted period, fines may be levied by the Municipal Court at up to \$1,000.00 per violation per day of non-compliance. I further understand that it is my responsibility to contact the Division of Inspections to schedule a re-inspection date on or about \_\_\_\_\_.

REGISTERED ENTITY NAME

APPLICANT NAME [PRINCIPAL OF ENTITY]

APPLICANT STREET ADDRESS

APPLICANT CITY, STATE, ZIP

APPLICANT SIGNATURE

APPLICANT EMAIL ADDRESS

APPLICANT CELL PHONE

Sworn before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_

Notary

#### Instructions:

Buyer(s) are to **print clearly** and to fill out/sign the Affidavit before a notary. Buyers who did not pay for their own Certificate of Habitability inspection are to enclose check payable to *Town of Phillipsburg* in the amount of \$50.

**TOWN OF PHILLIPSBURG**

**OFFICE OF INSPECTIONS**

120 FILMORE STREET

PHILLIPSBURG, NEW JERSEY 08865

Amount Paid \$\_\_\_\_

Check Number \_\_\_\_\_