

BOROUGH OF CALIFON
MUNICIPAL OFFICES
39 Academy St., PO Box 368, Califon, NJ 07830
(908) 832-7850
www.califonboro.org



Office of the Clerk/Administrator
KAREN MASTRO, R.M.C., C.M.R.
Ext. 201
kmastro@califonboro.net

APPLICATION FOR RENTAL PERMIT

Please complete this form any time a new tenant will be renting your property from you.

Owner of Property: _____

Premises to be Rented: _____

Number of Rooms: _____

Application Made By: _____ Date: _____

Application Received By: _____ Date: _____

There is a \$20 fee

Action Taken: **APPROVED/NOT APPROVED**

Please allow 72 hours between application and the permit issuance as an inspection of property must be made before permit is issued. Any questions, please contact Barbara Thomas, Board of Health Secretary at bthomas@califonboro.net or 908-832-7850 ext 204.