

Borough of Matawan

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY

1 Aberdeen Square
Aberdeen, NJ 07747
(732) 583-4200 Ext 120

CCO# _____ DATE _____ **\$75.00 NON REFUNDABLE FEE**
PAYABLE TO TOWNSHIP OF ABERDEEN

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

BLOCK _____ LOT _____ ZONE _____

BUS. TELEPHONE _____ CELL# _____

APPLICANT'S NAME _____

HOME ADDRESS _____

EMAIL _____ HOME TELEPHONE _____

PROPERTY OWNER'S NAME _____

OWNER'S ADDRESS _____

EMERGENCY TELEPHONE /CELL # _____

****ON SEPARATE SHEET GIVE COMPLETE NARRATIVE OF BUSINESS, INCLUDING
DETAILS OF BUSINESS OPERATION AND PROPOSED USE OF SPACE.**

****INCLUDE FLOOR PLAN WITH NARRATIVE**

****LETTER MUST BE NOTARIZED**

OCCUPANCY LOAD _____

USE GROUP _____

SQUARE FEE OF RENTED SPACE _____

OF PARKING SPACES ALLOTTED _____

OF EMPLOYEES _____

OF CUSTOMERS PER DAY _____

PREVIOUS USE OF SPACE _____

ARE ANY ALTERATIONS TO BE MADE? _____

PROPOSED SIGN APPROVALS: PERMIT# _____

*** _____

APPLICANT'S SIGNATURE	DRIVER'S LICENSE OR SS NUMBER
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ZONING OFFICER _____

CODE ENFORCEMENT OFFICER _____

HEALTH DEPARTMENT _____

APPROVED BUSINESS LICENSE _____

SIGNATURE IS REQUIRED FROM THE HEALTH DEPARTMENT FOR ACKNOWLEDEMENT OF CHANGE IN OWNERSHIP. THIS SIGNATURE DOES NOT SATISFY THE REQUIREMENT OF OBTAINING ANY NECESSARY HEALTH DEPT. INSPECTIONS.

HEALTH INSPECTOR _____

****NO APPLICATION WILL BE REVIEW OR INSPECTED IF NOT COMPLETED AND SIGNED BY APPLICANT.****