

# CERTIFICATE OF OCCUPANCY - COMMERCIAL USE

## ✓CHECKLIST

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**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Required Information for Commercial Properties:**

- Name of Business: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Type of Business: \_\_\_\_\_
- Hours of Operations (please indicate a.m. or p.m.):  

Sunday	_____ to _____	Monday	_____ to _____
Tuesday	_____ to _____	Wednesday	_____ to _____
Thursday	_____ to _____	Friday	_____ to _____
Saturday	_____ to _____		
- Number of Employees: \_\_\_\_\_
- Type of business previously at this address: \_\_\_\_\_

- Please attach the required documents listed below:
  - Affidavit from owner stating date site was vacated by previous tenant
  - Architectural sealed plans designed by a NJ license architect
  - Certificate of Continued Use and Occupancy Application

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**For office use only:**

All required documents received:    \_\_\_ Yes    \_\_\_ No

Certificate of Occupancy Approved:    \_\_\_ Yes    \_\_\_ No

If the Certificate of Occupancy is not approved – the reason for denial is listed below:

\_\_\_\_\_  
\_\_\_\_\_

Zoning Reviewer Name (Print): \_\_\_\_\_

Reviewer Name (Signature): \_\_\_\_\_ Date of Review: \_\_\_\_\_

Fire Reviewer Name (Print): \_\_\_\_\_

Reviewer Name (Signature): \_\_\_\_\_ Date of Review: \_\_\_\_\_

**If Required...**

Health Reviewer (Name (Print): \_\_\_\_\_

Reviewer Name (Signature): \_\_\_\_\_ Date of Review: \_\_\_\_\_