

TOWNSHIP OF ABERDEEN
ONE ABERDEEN SQUARE
ABERDEEN, NJ 07747

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY

CCO#_____ DATE_____ **\$175.00 NON REFUNDABLE FEE**

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**

**** PLEASE ENROLL IN OUR NIXLE AND CODE RED ALERT SYSTEMS IN ORDER TO
RECEIVE ALERT/ADVISORY MESSAGES REGARDING ABERDEEN TOWNSHIP.
TO ENROLL IN THESE ALERT SYSTEMS, PLEASE VISIT OUR WEBSITE
WWW.ABERDEENNJ.ORG GO TO HOME PAGE AND CLICK ON NIXLE & CODE RED ICON**

OCCUPANCY LOAD_____

USE GROUP_____

SQUARE FEET OF RENTED SPACE_____

OF PARKING SPACES ALLOTTED_____

OF EMPLOYEES_____

OF CUSTOMERS PER DAY_____

PREVIOUS USE OF SPACE_____

OPOSED SIGN APPROVALS: PERMIT #_____

*** _____
SIGNATURE Date

*** _____
PRINT NAME

JOHN QUINN, ZONING OFFICER _____

KEN MARR JR., CODE ENFORCEMENT OFFICER _____

INSPECTOR, FIRE DISTRICT #1 _____

INSPECTOR, FIRE DISTRICT #2 _____

HEATH INSPECTOR _____

**THIS SIGNATURE DOES NOT SATISFY THE REQUIREMENT
OF OBTAINING ANY NECESSARY HEALTH DEPT.INSPECTIONS.**

-ANY BUILDING REHABILITATION WILL REQUIRE CONSTRUCTION PERMITS

-ANY NEW BUILDING SIGNAGE WILL REQUIRE ZONING/ CONSTRUCTION PERMITS

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