

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

OCCUPANCY LOAD_____

USE GROUP_____

SQUARE FEET OF RENTED SPACE_____

OF PARKING SPACES ALLOTTED_____

OF EMPLOYEES_____

OF CUSTOMERS PER DAY_____

PREVIOUS USE OF SPACE_____

ARE ANY ALTERATIONS TO BE MADE?_____

IF ABERDEEN TOWNSHIP UTILITY DEPARTMENT OR D.E.P. APPROVALS ARE REQUIRED,
HAVE APPLICATIONS BEEN MADE_____

PROPOSED SIGN APPROVALS: PERMIT #_____

SIGN RELETTERING PERMIT#_____

APPLICANT'S SIGNATURE

DRIVER'S LICENSE OR SS NUMBER

JOHN QUINN, ZONING OFFICER _____

KEN MARR, CODE ENFORCEMENT OFFICER _____

INSPECTOR, FIRE DISTRICT #1 _____

INSPECTOR, FIRE DISTRICT #2 _____

SIGNATURE IS REQUIRED FROM THE HEALTH DEPARTMENT
FOR ACKNOWLEDGEMENT 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.