INSPECTION DATE: TUES - THURS INSPECTION TIME: 9AM – 1PM	***BUSINESS CCO*** **BOROUGH OF NEW MILFORD** **930 River Road** **New Milford, NJ 0764** **Building Department** **(201) 967-5044 ext 5415, 5560** **(201) 262-1904 FAX NUMBER**	FAXED DPW DATE: GIVEN TO FIRE OFFICIAL DATE:

FEE: $200.00 Closing Date:_____

Cash: _____ Check #_____ Date _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY FOR BUSINESS/ COMMERCIAL USE

Location (address) of property_____

Name of Business: _____[Print Clearly]

Type of Business: Restaurant/ Retail/ Other_____

Name Change of Business or Use Change _____[Print Clearly]

Name of Buyer/ Lessee/ Tenant_____

Address of Buyer/ Lessee/ Tenant Contact _____

Telephone contact (For inspection and/or reschedule)_____

Emergency Contact Number for Fire Official _____

Name of Owner of the Property _____

Address of Owner of the Property _____

Emergency Contact Number for Fire Official _____

Check one: Sale [ ] Rental [ ] Date of Occupancy _____

The following items must be installed in every business prior to opening:
1. Exit lights with battery back up over ALL exits
2. Emergency Lights
3. One (1) 10lb ABC all purpose Fire Extinguisher by all exit doors

Please Note: Signs, or replacement signs require construction permits. All open permits shall be closed and final inspections made. Sidewalks and aprons are Owners responsibility and shall be in compliance with Borough Ordinance.

I (We) hereby certify that the foregoing statements made by me (us) are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Owner ( ) Tenant ( ) Agent ( ) _____Date_____

Superintendent of Public Works Approval (Inspected By) _____Date _____

Bldg Inspected By: _____Date: _____

COMMENTS:_____

BLOCK _____ LOT _____ ZONE DISTRICT_____