

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 \_\_\_\_\_