

INSPECTION DATE:
MONDAY OR THURSDAY

INSPECTION TIME:
1:00 PM – 4:00 PM

BUSINESS CCO
BOROUGH OF NEW MILFORD
930 River Road
New Milford, NJ 07646
Building Department
(201) 967-5044 ext 5415 or 5560
(201) 262-1904 FAX NUMBER

FAXED DPW DATE:

GIVEN TO FIRE
OFFICIAL DATE:

FEE: \$200.00

Closing Date: _____

Check # _____ Date _____

BLOCK _____ LOT _____

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: _____

ZONE DISTRICT _____

