

TOWNSHIP OF ABERDEEN  
ONE ABERDEEN SQUARE  
ABERDEEN, NJ 07747

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY

CCO# \_\_\_\_\_

DATE \_\_\_\_\_

FEE \$175.00

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 \_\_\_\_\_

ROBERT S. DeBOLD, INSPECTOR, FIRE DISTRICT #1 \_\_\_\_\_

CASEY CHEVALIER, 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.

LAWRENCE KASICA, HEALTH INSPECTOR \_\_\_\_\_

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