

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. APROVALS 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 _____

WILLIAM SMITH, JR., 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.