

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 \_\_\_\_\_

INSPECTOR, FIRE DISTRICT #1 \_\_\_\_\_

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.  
HEALTH INSPECTOR \_\_\_\_\_

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