

BOROUGH OF TINTON FALLS
556 TINTON AVENUE
TINTON FALLS, NJ 07724
(732) 542-3400 EXT. 228 FAX: (732) 578-9003

APPLICATION FOR NON-RESIDENTIAL CERTIFICATE OF OCCUPANCY
RESALES & RENTALS

CCO FEE: (\$50 PER 1000 SQ. FT. OR PART THEREOF) _____		SQUARE FEET: _____	
ZONING FEE: \$87.00	G.S.I. FEE: \$13.00	SIZE: _____ / _____	
		(WIDTH)	(LENGTH)
TOTAL FEE: _____	DATE PAID: _____	CHECK #: _____	CASH: R _____

BLOCK _____ LOT _____ ZONE _____ STORE/UNIT NUMBER _____

PROPERTY ADDRESS: _____

EXISTING OR FORMER USE _____

PROPOSED USE: _____

TRANSFER OF TITLE LEASE PURCHASE

OWNER _____ LESSEE/BUYER: _____

ADDRESS _____ ADDRESS: _____

PHONE: _____ PHONE: _____

I, _____, certify that no alteration, addition or other changes will be made in or to the above structure, nor the use or occupancy changes from that requested without first making a new application to the Department of Inspections.

SIGNATURE _____ PHONE: _____

OFFICE USE

DATE OF INSPECTION: _____ PROPERTY TAXES: _____

FEE: \$100.00
DATE PAID: _____
CHECK #: _____ CASH: R _____

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PERMIT NO.: _____
DATE ISSUED: _____

**ZONING PERMIT
FOR
COMMERCIAL USE**

APPLICANT: _____ WORKSITE: _____
ADDRESS: _____ BLOCK: _____ LOT: _____
_____ ZONE: _____
TELEPHONE NO. _____

DESCRIBE USE (BE VERY SPECIFIC) FOR WHICH APPLICATION IS BEING MADE.
INCLUDE THE NUMBER OF EMPLOYEES, PARKING REQUIREMENTS, NUMBER OF
VEHICLES, HOURS OF OPERATION AND SQUARE FOOTAGE.

Use reverse side for additional space if needed.

I understand that in signing this application that my affirmation as to contents and attachments of such, is true, and any work done contrary is in violation and subject to the permit being revoked.

APPLICANT'S
SIGNATURE _____

DATE DENIED: _____ REASON FOR DENIAL: _____

DATE APPROVED: _____ ZONING OFFICER: _____



TINTON FALLS FIRE PREVENTION BUREAU

556 Tinton Avenue Tinton Falls, NJ 07724

Phone (732) 542-3400 ext 238 Fax (732) 389-2377

Website: www.tintonfalls.com Email: fireprevention@tintonfalls.com

NON RESIDENTIAL REGISTRATION FORM

For Office Use Only

Date Rec'd _____

Local Reg. #: _____

State Reg # _____

Use Code: _____

Type of Use: _____

Block: _____

Lot: _____

Date: _____ Tenant Occupied Yes No Sq Footage _____

Business Name: _____ Property Address: _____

Phone # (____) _____ Ext _____ Fax # (____) _____

E-mail: _____ Website: _____

Description of Use(s) _____

Type of Ownership: Corporation Partnership Individual

Mailing Address (if different): _____

BUSINESS OWNER INFORMATION

Business Owner's Name: _____

Address: _____ Zip Code _____

Phone # (____) _____ Fax# (____) _____

Website: _____ E-Mail: _____

Mailing Address: _____

EMERGENCY CONTACTS

	NAME	PHONE #	PHONE #	E MAIL ADDRESS	NOTES
1					
2					
3					

Correspondence sent to: Property Business Owner Manager/Agent

Please indicate address to which correspondence is to be forwarded:

Name: _____

Address: _____

Email: _____ Fax: _____ Phone: _____

BUILDING OWNER INFORMATION (if different than above)

Building Owner's Name: _____

Building Owner's Address: _____

Phone # (____) _____ Fax# (____) _____ Email: _____

PLEASE RETURN THIS FORM BY MAIL, FAX OR E MAIL

Revised
04/05/2011