

**BOROUGH OF TINTON FALLS
556 TINTON AVENUE
TINTON FALLS, NJ 07724
(732) 542-3400 EXT. 267
CODE-ZONING@TINTONFALLS.COM**

**APPLICATION FOR NON-RESIDENTIAL CERTIFICATE OF OCCUPANCY
RESALES & RENTALS**

*****MUST PROVIDE LIST OF CURRENT TENANTS WITH APPLICATION*****

CCO FEE: (\$50 PER 1000 SQ. FT. OR PART THEREOF) _____	SQUARE FEET: _____		
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. _____ EMAIL _____

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.

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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: _____