

**Application for a
Municipal Certificate of Occupancy**

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Municipal Certificate of Occupancy**

Fee: \$ 212.00

Date: _____

Block _____ Lot _____ Zone _____

BUSINESS ADDRESS: _____

UNIT TO BE OCCUPIED: _____

NAME OF TENANT: _____

ADDRESS OF TENANT: _____

TYPE OF BUSINESS: _____

TENANT BUSINESS PHONE: _____

EMERGENCY PHONE: _____

OWNERS' NAME: _____

OWNERS' ADDRESS: _____

OWNERS' PHONE NUMBER: _____

AUTHORIZED SIGNATURE

DATE

INSPECTIONS

BUILDING: PASS FAIL

DATE: _____

COMMENTS: _____

BUILDING: PASS FAIL

DATE: _____

ELECTRICAL: PASS FAIL

DATE: _____

COMMENTS: _____

ELECTRICAL: PASS FAIL

DATE: _____

PLUMBING: PASS FAIL

DATE: _____

COMMENTS: _____

PLUMBING: PASS FAIL

DATE: _____

FIRE: PASS FAIL

DATE: _____

COMMENTS: _____

FIRE: PASS FAIL

DATE: _____

CHECK # _____ AMOUNT _____ DATE _____

CASH _____ RECEIVED BY _____

Copies to Police and Fire and Health Departments