



CONSTRUCTION
CODE OFFICIAL:
A. NEIBERT

Borough of Carteret

CONSTRUCTION OFFICE

61 COOKE AVENUE
CARTERET, NEW JERSEY 07008
Tel: 732-541-3810
Fax: 732-969-2429

APPLICATION FOR MUNICIPAL CERTIFICATE OF OCCUPANCY

Date: _____ Certificate No.: _____

Owner's Name: _____

Address: _____

Telephone Number: _____

Location of Property: _____

Block: _____ Lot: _____ Square Footage: _____

Purchaser/Lessee Name: _____

Present Address: _____

Telephone Number: _____

Applicant's Signature

Three Family or Large -	\$250.00	LI, HIA & HIB 0-25,000 Sq. Ft.	\$500.00
Mixed Commerical and/or Residential	\$250.00	25,000 - 50,000 sq.ft.	\$750.00
		50,000 Sq.ft. or more	\$1000.00

Specific Use: _____

Proposed Work: _____

THIS APPLICATION VOID AFTER NINETY DAYS FROM THE DATE OF ISSUANCE

OFFICIAL USE ONLY

Inspection Appointment Date and Time: _____

Check No: _____ Cash: _____ Checked Files: _____

Inspector's Signature

EMERGENCY CONTACT LIST

RE: _____

DATE: _____

BLOCK: _____ LOT: _____

BUSINESS NAME: _____

ADDRESS: _____

BUSINESS PHONE NO. _____

HOURS: _____

OWNER/OPERATOR _____

ALARM COMPANY _____

ALARM COMPANY PHONE _____

TYPE OF ALARM BURGLAR _____ FIRE _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE _____

NAME: _____ PHONE _____

NAME: _____ PHONE _____

NAME: _____ PHONE _____

HAZARDOUS MATERIALS STORED ON PREMISES YES _____ NO _____

TYPE OF MATERIALS _____

COMMENTS _____

**THIS FORM MUST BE TURNED IN TO THE CONSTRUCTION OFFICE PRIOR TO
ANY CERTIFICATE OF OCCUPANCY IS ISSUED.**

POLICE

FIRE

FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use business must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$500.00.

Part A – Registration Information

1. Business Ownership (mark the correct box):

(0) _____ Corporation	(1) _____ Private/ Individual	(2) _____ Partnership
(3) _____ Condominium	(4) _____ Cooperative	(5) _____ Government Agency
(6) _____ LLC Corporation		

2. Business Owner Mailing Address:

If Private / Individual: Name _____	
Last	First Middle Initial
If Other: _____ Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.	
Address: _____ P.O. Box Number or Street Number and Name	
City: _____	State _____ Zip Code: _____
_____ Federal Employer (Tax ID) Number	_____ Social Security Number (For Private / Individual only)
Telephone: (_____) _____ - _____	In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of the program notification system.

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE(S) _____	
LEA Number _____	
Assigned Owner Number: _____	() New Application
Alternate Owner Number: _____	() Transfer

