

Department of Public Works

CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
428-60th STREET • ROOM 27
WEST NEW YORK, NJ 07093

Tel. (201) 295-5170 • Fax. (201) 295-9597



ALBERTO RODRIGUEZ
COMMISSIONER

THOMAS M. O'MALLEY
CONSTRUCTION OFFICIAL

CERTIFICATE OF CONTINUED OCCUPANCY
COMMERCIAL
APPLICATION FEE IS \$200.00

INSTRUCTIONS

1. APPLICATION **MUST BE FILLED OUT IN ITS ENTIRETY** OR IT WILL BE REJECTED PENDING ADDITIONAL INFORMATION. IF A QUESTION DOES NOT APPLY, THEN WRITE "N/A" IN THAT SPACE.
2. PLEASE MAKE MONEY ORDER/CASHIER'S CHECK ONLY IN THE AMOUNT OF **\$200.00** PAYABLE TO THE **TOWN OF WEST NEW YORK**. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
3. MUST BE ORIGINAL FORM (NO COPIES ACCEPTED) AND MUST HAVE ORIGINAL NOTARY SIGNATURES

Today's Date: _____ Anticipated Opening Date: _____

DELIVERY METHOD

PICK UP FAX TO FAX NUMBER: _____ MAIL _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

Property Currently Used As: _____

Is The Property Vacant: **YES or NO ?**

Are There Any Open Permits On This Property? **YES or NO ?**

If So, What Is The Permit Number?: _____

Will you be performing any construction work? Yes or No. If, so, when? _____

Are there any curb cuts **YES or NO ?** Loading Zones **YES or NO ?**

Current Signage at the property: Awning _____ Wall Sign _____ Banners _____ ?

Will you be installing a new sign? Yes or No. If so, when? _____

Current Occupancy Load on Premises: _____

OWNER INFORMATION

Present owner of property as appears on deed. If Corp., Inc., etc. List full name of C.E.O

Property owner name: _____

Complete address of property owner: _____

Daytime phone # of property owner: H: _____ C: _____

PROPOSED BUSINESS OWNER INFORMATION

Business Owner's Name: _____

Business Owner's Complete Address: _____

Daytime Phone # of Business Owner: _____

TYPE OF BUSINESS: _____

NAME OF BUSINESS: _____

YES or NO ?

Liquor License: _____ Board of Health License: _____

**NAME OF PERSON WHO BE AT THE INSPECTION AND TELPHONE
NUMBER:**

NAME: _____ CELL NUMBER: _____

***APPLICATION MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED**

Applicant's Signature

SWORN TO AND SUBSCRIBE TO
ME BEFORE ON THIS ____ DAY
OF _____, 2010

Applicant's Name (PRINT)

OFFICE USE ONLY

Inspection Date: _____ Inspector: _____

Inspection Results: _____ Date Inspected: _____

NOTES:

DATE ISSUED: _____

CO NUMBER: _____

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EFFECTIVE 3-16-09

**PLEASE BE ADVISED THAT BOTH
COMMERCIAL AND RESIDENTIAL
CERTIFICATES OF OCCUPANCY WILL BE
SCHEDULED WITHIN 5-10 BUSINESS DAYS
OF OUR RECEIPT OF YOUR COMPLETED
APPLICATION. PLEASE SCHEDULE YOUR
REAL ESTATE CLOSINGS AND BUSINESS
OPENINGS ACCORDINGLY.**

**ALTHOUGH WE WILL MAKE EVERY
EFFORT TO EXPEDITE SAME, THE
INSPECTION REQUESTS ARE SCHEDULED
AS THEY ARE RECEIVED.**

**FURTHERMORE,
PLEASE NOTE THAT IF THE APPLICATION
IS DEEMED INCOMPLETE, IT WILL DELAY
YOUR INSPECTION UNTIL SAME IS
COMPLETED IN ITS ENTIRETY.**

THANK YOU AND HAVE A NICE DAY!