



APPLICATION FOR COMMERCIAL CERTIFICATE OF INSPECTION

1 MUNICIPAL PLAZA • FREEHOLD, NJ 07728-3099 • PHONE (732)-294-2053 FAX (732) 780-7030
www.twp.freehold.nj.us

Date: _____ Inspection Type: ___ Change in Tenant ___ Sale of Building

Fee: \$250 Check or Money Order Only

Address to be Inspected: _____

Name of Applicant: _____

Business Name: _____

Mailing Address: _____

Applicate Phone# _____ Email: _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone# _____ Email: _____

Existing Use of Space: _____

Proposed Use of Space: _____

Total square footage of space to be inspected: _____

Name/Phone # of Person Responsible for Inspection: _____

SELECT ONE: CITY WATER___ CITY SEWER___ *SEPTIC___ *WELL___ *HEALTH DEPT APPROVAL NEEDED

Note: A completed zoning application or zoning approval must be submitted with the commercial CCO application. CCO inspection will not be schedule until zoning approval is obtained. By signing below, you are authorized by the property owner to submit this application.

Signature of Applicant: _____

~~~~~**OFFICE USE ONLY**~~~~~

Date Application Filed \_\_\_\_\_ Application # \_\_\_\_\_

Payment Received \_\_\_\_\_ By \_\_\_\_\_

Inspection Date \_\_\_\_\_ Inspector \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Conditional \_\_\_\_\_

Re-Inspection Date \_\_\_\_\_ Inspector \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Conditional \_\_\_\_\_

Re-Inspection Date \_\_\_\_\_ Inspector \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Conditional \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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