

Sarah Paris
Zoning/Code Enforcement
Officer

Township of Marlboro
Division of Zoning/Code Enforcement
1979 Township Drive
Marlboro, NJ 07746-2229
(732) 536-0200 ext. 1809
(732) 536-7784 fax
www.zoning@marlboro-nj.gov

COMMERCIAL CERTIFICATE OF CONTINUED OCCUPANCY (Non UCC)

THE FOLLOWING IS NEEDED:

1. APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY
2 CHECKS - \$100.00 (Application Fee) and \$35.00 (For Smoke Detector Certification)
2. MERCANTILE LICENSE
3. BOARD OF HEALTH FOR SEPTIC OR WELL
4. A MERCANTILE LICENSE IS REQUIRED FOR ALL BUSINESSES (WITH THE EXCEPTION OF THOSE BUSINESSES WHO ARE STATE LICENSED).

Fee: Mercantile License - \$50.00 for NEW BUSINESS - \$25.00 for RENEWALS
Food Handler's License - \$25.00

A RE-INSPECTION FEE OF \$75.00 WILL BE CHARGED FOR ALL FAILED CCO INSPECTIONS.

PLEASE SEE THE CONSTRUCTION DEPARTMENT FOR YOUR TENANT FIT-OUT
AND SIGN PERMITS

Date Received _____

Amount Paid _____

Check # _____

TOWNSHIP OF MARLBORO

Addendum to CCO APPLICATION (Non UCC) for Commercial Sales or Rentals

Property Location _____

Block _____ Lot _____

Name of Present Owner _____

Address _____

Phone # _____

Name of Tenant _____

Tenant's Present Address _____

Tenant's Phone # _____

Name of Property Owner's Association _____

Address _____

Existing or Previous Use _____

Description of the scope & purpose of the proposed activity, the nature of the operation,
its processes & access to the public. Include a flow diagram (if possible)

Describe materials (other than hazardous) to be utilized or stored on the site. Specify
quantities to be stored or handled over different time periods (weekly, monthly or yearly).
Describe method of handling these materials. _____

Anticipated Number of Employees per shift and hours of
operation. _____

Proposed water usage _____

Describe traffic to be generated (including communities, employees, shipping &
receiving types of vehicles & anticipated time periods.

Type & quantity of solid or liquid (non-hazardous) waste to be generated & the method of disposal. Recycling plan must be submitted if any to Public Works for review & approval. _____

Identify any hazardous materials to be processed, stored, sold or disposed of on the site.

- a. Maximum amounts on hand at any one time _____
- b. Quantities to be stored or delivered to the site on weekly, monthly or yearly basis.

c. Method of delivery and storage (types of containers & locations)

d. Built in fire protection features _____

e. Emergency action for fire, explosion, spill or lead _____

f. Special fire fighting or spill containment equipment & training needed.

Describe any pollutants or nuisances that may potentially enter the environment as a result of the proposed activity, such as, air emissions, surface or ground water discharges, waste water, noise or unpleasant odors. _____

Identify all County, State & Federal permits required (only if required for your business).

If possible, identify the size and location of similar operations. Include the names, addresses & phone numbers of local agencies

I hereby certify that all of the above information is accurate & complete to the best of my knowledge.

Tenants' Signature

Property Owner's Signature

Date: _____

Township of *Marlboro*
 Fire Prevention Bureau
 1979 Township Drive
 Marlboro, New Jersey 07746
 (732) 536-0200 Ext. 1254 fax (732) 536-9799

Certificate of Fire Code Status

Date: _____ Lot: _____ Block: _____

Name of New Tenant or Property Owner: _____

Township Address: _____

• • • • • • • • • • • • • • • •

Name of Current Property Owner: _____

Owner's Address: _____

As per N.J.A.C. 5:70-2.2-(e)-1 the following information regarding the Fire Code Status of the above listed building or structure is hereby provided as requested.

- () Our records indicate that no violations remain unabated and no penalties or fees are due the Bureau of Fire Prevention.
- () Our records indicate that the following violations remain unabated and the penalties, fees, or judgments remain unpaid.

	<u>Violations</u>	<u>Penalty/Fee/Judgement</u>
(a)	_____	\$ _____
(b)	_____	\$ _____
(c)	_____	\$ _____
(d)	_____	\$ _____
Total Penalties / Fees / Judgements Due as of _____		\$ _____
Date		

Fee of \$35.00 payable to Marlboro Township

Fire Official
Bureau of Fire Prevention

MARLBORO TOWNSHIP POLICE DEPARTMENT

1979 Township Drive

Marlboro, NJ 07746

732-536-0100

BUSINESS INFORMATION

Business Name		Type of Business	Strip Mall Name if applicable	
Business Address (# and Street)		City	State	Zip Code
Business Phone # () -	Business Phone # () -	Email Address		Hours of Operation

EMERGENCY/OWNER INFORMATION

# 1	Full Name	Title	Home Phone # () -	
Address (# and Street)		City	State	Zip Code

# 2	Full Name	Title	Home Phone # () -	
Address (# and Street)		City	State	Zip Code

# 3	Full Name	Title	Home Phone # () -	
Address (# and Street)		City	State	Zip Code

CLEANING SERVICE INFORMATION

Cleaning Service's Name		Business Phone # () -		
Business Address (# and Street)		City	State	Zip Code
Owner's Full Name		Home Phone # () -		
Owner's Home Address (# and Street)		City	State	Zip Code

Cleaning Schedule

ALARM INFORMATION

Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following information:				
Alarm Company Name		Business Phone # () -		
Business Address (# and Street)		City	State	Zip Code

For Official Use Only

Updated _____

Entered _____

Business Number _____

PLEASE COMPLETE ALL APPLICABLE BOXES AND PRINT LEGIBLY

Township of *Marlboro*
 Fire Prevention Bureau
 1979 Township Drive
 Marlboro, New Jersey 07746
 (732) 536-0200 Ext. 1254 fax (732) 536-9799

Certificate of Fire Code Status

Date: _____ Lot: _____ Block: _____

Name of New Tenant or Property Owner: _____

Township Address: _____

• • • • • • • • • • • • • • • •

Name of Current Property Owner: _____

Owner's Address: _____

As per N.J.A.C. 5:70-2.2-(e)-1 the following information regarding the Fire Code Status of the above listed building or structure is hereby provided as requested.

- () Our records indicate that no violations remain unabated and no penalties or fees are due the Bureau of Fire Prevention.
- () Our records indicate that the following violations remain unabated and the penalties, fees, or judgments remain unpaid.

	<u>Violations</u>	<u>Penalty/Fee/Judgement</u>
(a)	_____	\$ _____
(b)	_____	\$ _____
(c)	_____	\$ _____
(d)	_____	\$ _____
	Total Penalties / Fees / Judgements Due as of _____	\$ _____
	Date	

Fee of \$35.00 payable to Marlboro Township

Fire Official
Bureau of Fire Prevention

Marlboro Township - Fire Prevention Bureau

1979 Township Drive - Marlboro, New Jersey 07746

732) 536-0200 Ext. 1254 Fax: 732) 536-9799

Non-Life Hazard Use Registration

Business Trading Name: _____

(Tenant)

Township Address: _____

_____ Email: _____

Mailing Address If Other Than Township Address: _____

Business Telephone #: _____ Emergency Phone #: _____



Building Ownership: _____

Building Owner Address: _____

Building Ownership Phone #: _____ Emergency Phone #: _____



Business Ownership: _____

Ownership Address: _____

Own Daytime Phone #: _____ Emergency Phone #: _____

Contact Name: _____ Phone #: _____ Email: _____



If you have a separate/different business manager, please fill out below:

Business Manager: _____

Address: _____ Phone #: _____ Email: _____



Business Use: _____ Business Sq. Footage _____ Fee: \$ _____

Applicant's Signature: _____

Mercantile License Application

Please return completed form along with your check or money order payable to:
Marlboro Township 1979 Township Drive, Marlboro, New Jersey 07746

(If New Business, please fill out revise side)

License Fee: _____ New \$50 Renewal \$25 Block: _____ Lot: _____

Business Trading Name: _____

Business Address: _____

Business Tel #: _____ Emergency Phone #: _____ E-Mail Address: _____

Mailing Address If Other Than Business Address: _____

Anticipated Move In Date _____

Business Owner: _____

Owner Address: _____

Daytime Phone #: _____ Emergency Phone #: _____

Nature of Business (Description of Product) _____

Trucks or Commercial Vehicles
Stored on Site: yes no

Are Vehicles Stored Overnight: yes no
If Yes, How Many _____

Customers/Sales People Come To Your Residence: yes no If Yes, Parking Spaces Provided _____

Deliveries yes no If Yes, Amount Per Week _____

Applicant Name
(please print)

Applicant's Signature

Date

Zoning Officer

Date

Approved: Denied

This use is **not** in compliance with the Ordinance of Marlboro Township. This application is not approved.

For New Business Only

Square Footage of Space: _____ Number of Employees: _____ Any License Required: Yes No

Hours of Operation: _____ Has a License to Conduct This Business Ever Been Denied/Revoked: Yes No

Warehouse Use: Yes No Office Use: Yes No

Are There Trucks or Commercial Vehicles: Yes No If Yes, Are They Stored Overnight: Yes No

If Yes, How Many: _____

Do Any Buyers/ Sales People Come To Your Home: Yes No If Yes, Are Parking Spaces Provided: Yes No

Any Deliveries: Yes No If Yes, How Many Per Week: _____ If Construction, How is Garbage & Debris Disposed of: _____

Detailed Description of Business:

This Application is Approved:

This Application is Denied:

Zoning Officer *Date*

Zoning Officer *Date*

RETAIL FOOD HANDLING APPLICATION

Please return completed form along with your check or money order for \$25.00, payable to:
Marlboro Township 1979 Township Drive, Marlboro, New Jersey 07746

I, the undersigned, do hereby make application for a license to conduct a retail food handling establishment in the Township of Marlboro.

Business Trading Name: _____

Business Address: _____

Business Tel #: _____ Emergency Phone #: _____ E-Mail Address: _____

Mailing Address **If Other** Than Business Address: _____

In making this application, I/we agree to comply with all the Ordinances of the Township of Marlboro and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Division of Health on demand. All food handlers are required to have a medical certificate.

Applicant's Name _____ Applicant Signature: _____ Date _____
(please print)

Inspection Date: _____



Names of Employees:

Addresses:

Zoning Officer: _____ Approved Denied Date _____

Recommendations: _____
