

**City of Woodbury Code Enforcement Office**

33 Delaware St., Woodbury, NJ

Phone 856-845-1300 fax 856-686-0230

**Application for a Commercial Certificate of Occupancy**

**Initial** Inspection fee is \$ 50.00

If a UCC Sub-code is required, add'l \$ 25.00 each

City of Woodbury requires a Commercial C.O. inspection to be conducted if the property or unit has been vacant 6 months or longer, but if you would like an inspection to be conducted anyway our office will be glad to do so **once a Zoning verification application is approved**. This is required to be **obtained to ensure** the **type** of business you would like to **operate is allowed** in that zoning district.

**\*\* Must be completed by Property Owner or Authorized Agent \*\***

I, \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_ Owner / \_\_\_\_\_ Authorized Agent  
Print Clearly  
of record for the site address stated on # 2 and give the proposed tenant permission to apply for the Commercial  
C O inspection. **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

1. This request for a **Commercial C.O.** inspection is for a : \_\_\_\_\_ Sale of Bldg / \_\_\_\_\_ Rental- if rental check **one below**

<b>Building contains:</b>	<input type="checkbox"/> Single commercial unit	<input type="checkbox"/> Building – multi commercial units (# _____)
	<input type="checkbox"/> Building commercial units- # _____ and apartment(s) units # _____	Other _____

2.

<b>Site Address:</b>	_____	<b>UNIT #</b>	_____
----------------------	-------	---------------	-------

<b>Block #</b>	_____	<b>Lot #</b>	_____
----------------	-------	--------------	-------

3.

<b>Property Owner:</b>	_____	<b>Phone</b>	_____
Corporation:	_____	Cell	_____
Mailing Address:	_____	Fax	_____
Bldg Owner <b>Agent</b>	Real Estate Co/ Attorney:	<b>Phone</b>	_____
Address	_____	Fax	_____

4.

<b>Buyer /Renter's</b>	_____	<b>Phone</b>	_____
Address :	_____	Fax	_____
Agent / Manager	_____	Cell	_____

5.

<b>Name of Complex:</b>	_____	<b>Phone</b>	_____
<b>Complex Manager</b>	_____	<b>Cell</b>	_____

6.

<b>Seller</b> Real Estate Co./Attorney:	_____	Phone	_____
Address:	_____	Fax:	_____
<b>Agent:</b>	_____	Cell	_____

7.

<b>Buyer's Co Name:</b>	_____	<b>Phone</b>	_____
Corp. Address	_____	Fax	_____
<b>Name(s) of business owner:</b>	_____		
Contact Person:	_____	Cell	_____

8.

<b>Tenant</b> –Name of business owner(s):	_____		
Contact Person	_____	Phone	_____
		Fax:	_____

Business Name:	_____
Mailing Address <b>other</b> than rental space	_____
	_____

**Signature** of person requesting: \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**To schedule inspection:** Contact - \_\_\_\_\_ Bldg Owner; \_\_\_\_\_ Owner's Agent; \_\_\_\_\_ Tenant;

**Mail** Reports: **ALL correspondence to** : \_\_\_\_\_ Bldg Owner, \_\_\_\_\_ Owner's Agent, \_\_\_\_\_ Tenant ; \_\_\_\_\_ All

**OFFICE USE ONLY:** Date Rec'd & Paid: \_\_\_\_\_ **PAID - \$ 50.00:** \_\_\_\_\_ Cash or

Inspection Scheduled for : \_\_\_\_\_ Check # \_\_\_\_\_  
\_\_\_\_\_, **20** \_\_\_\_\_ At \_\_\_\_\_ Pd by : \_\_\_\_\_

**Borough of Woodbury Heights @ Woodbury Code Enforcement Office**

33 Delaware St., Woodbury, NJ

Phone 856-845-1300 Ext 127 or 132 fax 856-686-0230

**Application for a Commercial Certificate of Occupancy**

Initial Inspection fee is \$ **75.00**

If a UCC Sub-code is required, add'l \$ **25.00 each**

Borough of Woodbury Heights requires a Commercial C.O. inspection to be conducted whenever there is a change of Tenant or Sale of building. A Bureau of Fire Safety Inspection is also required. **Zoning verification shall be obtained to ensure the type of business you would like to operate is allowed in that zoning district.**

**\*\* Must be completed by Property Owner or Authorized Agent \*\***

I, \_\_\_\_\_, hereby certify that I am the \_\_\_ Owner / \_\_\_ Authorized Agent  
Print Clearly  
of record for the site address stated on # 2 and give the proposed tenant permission to apply for the Commercial C O inspection. **Signature :** \_\_\_\_\_ **Date** \_\_\_\_\_

1. This request for a Commercial C.O. inspection is for a : \_\_\_ Sale of Bldg / \_\_\_ Rental

<b>Building contains:</b>	<input type="checkbox"/> Single commercial unit	<input type="checkbox"/> Building – multi commercial units (# _____)
	<input type="checkbox"/> Building commercial units- # _____ and apartment(s) units # _____	Other _____

2.

<b>Site Address:</b>	_____	<b>UNIT #</b>	_____
----------------------	-------	---------------	-------

<b>Block #</b>	_____	<b>Lot #</b>	_____
----------------	-------	--------------	-------

3.

<b>Property Owner:</b>	_____	<b>Phone</b>	_____
Corporation:	_____	Cell	_____
Mailing Address:	_____	Fax	_____
<b>Bldg Owner Agent</b>	Real Estate Co/ Attorney:	<b>Phone</b>	_____
Address	_____	Fax	_____

4.

<b>Buyer /Renter's</b>	_____	<b>Phone</b>	_____
Address :	_____	Fax	_____
Agent / Manager	_____	Cell	_____

5.

<b>Name of Complex:</b>	_____	<b>Phone</b>	_____
<b>Complex Manager</b>	_____	Cell	_____

6.

<b>Seller</b> Real Estate Co./Attorney:	_____	Phone	_____
Address:	_____	Fax:	_____
<b>Agent:</b>	_____	Cell	_____

7.

<b>Buyer's Co Name:</b>	_____	<b>Phone</b>	_____
Corp. Address	_____	Fax	_____
<b>Name(s) of business owner:</b>	_____	Cell	_____
Contact Person:	_____		

8.

<b>Tenant</b> –Name of business owner(s):	_____	Phone	_____
Contact Person	_____	Fax:	_____

<b>Business Name:</b>	_____
Mailing Address <b>other</b> than rental space	_____

**Signature** of person requesting: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**To schedule inspection:** Contact - \_\_\_\_\_ Bldg Owner; \_\_\_\_\_ Owner's Agent; \_\_\_\_\_ Tenant;

**Mail** Reports; **ALL correspondence to :** \_\_\_\_\_ Bldg Owner, \_\_\_\_\_ Owner's Agent, \_\_\_\_\_ Tenant ; \_\_\_\_\_ All

**OFFICE USE ONLY:** Date Rec'd & Paid: \_\_\_\_\_ **PAID - \$ 50.00:** \_\_\_\_\_ Cash or

Inspection Scheduled for : \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_ At \_\_\_\_\_ Pd by : \_\_\_\_\_

The following are in unit # \_\_\_\_\_

**Exterior**
