



The Borough of Manville

Construction Division

325 No. Main Street.
Manville, New Jersey 08835
908-725-9478 ex. 117

ALL CCO APPLICATIONS NEED PRIOR ZONING APPROVAL

Office Use Only

USE GROUP: _____

LIVE LOAD: _____

CONST: _____

OCC: _____

USE: _____

ZONING _____

DEPARTMENT OF HEALTH APPROVAL _____ (Necessary for food establishments)

Commercial Certificate of Continuing Occupancy

Fee \$300.00

Block: _____ Lot: _____

Current use group of building: _____ **Square footage of lease space:** _____

Address of the building: _____

Name of your business: _____

Type of Business: _____

Is this a "use change"? _____ What type of business was there before? _____

Name of Applicant: _____

Address of Applicant: _____

Phone Number of Applicant during business hours: (____) _____ - _____

Email Address (Please PRINT): _____

Name of Owner of the building: _____

Address of Owner: _____

Phone Number of Owner of the Building: (____) _____ - _____

DATE OF APPLICATION _____ **APPLICANT'S SIGNATURE** _____

A COPY of your **ZONING APPROVAL** must be attached to this form. All information must be completely filled out or it will not be processed. This application does not authorize you to occupy or commence with any form of construction. Any proposed construction requires permits and approval from the **CONSTRUCTION DIVISION**.

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CCO APPLICATION APPROVAL _____

Signature

INSPECTORS' SIGN-OFFS:

BUILDING _____ NOT APPROVED _____

PLUMBING _____ NOT APPROVED _____

ELECTRICAL _____ NOT APPROVED _____

FIRE _____ NOT APPROVED _____

Office Use Only

FEE: _____

CCO #: _____

CK #: _____

DATE: _____

BY: _____