



Township of Belleville

152 Washington Avenue
Belleville, New Jersey 07109
(973) 450-3410 • Fax (973) 450-9309

CODE ENFORCEMENT
DEPARTMENT
BUILDINGS
PLUMBING
ELECTRICAL
FIRE
ZONING
PLANNING
MAINTENANCE

REQUIREMENTS FOR COMMERCIAL CERTIFICATE OF OCCUPANCY

1. **C of O Application:**

Please complete application in its entirety and submit with a check or money order in the amount of \$125.00 (one time fee)

2. **Letter of Intent: Please include with application:**

Please provide a letter of intent with your application, which states the nature of your intended business, hours and days of operation, number of employees etc. (**please provide detailed information**)

3. **Floor Plan: Please include with application**

We require two (2) sets of architectural drawings, which show dimensions of the space including work-areas, counter space, tables for seating (if applicable) rest rooms, entrance ways and exits, etc.

Fill out both attached pages and submit with your letter of intent and floor plan.

Payments are accepted on-line for: Visa, MasterCard, American Express, and Discover.

If you have any questions, please call our office.

Construction Code Office (973) 450-3410



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FRANK DeLORENZO, JR.
CHIEF ADMINISTRATOR
CONSTRUCTION OFFICIAL
ZONING OFFICER

APPLICATION FOR CERTIFICATE OF OCCUPANCY

BLOCK: _____ LOTS (S) _____

LOCATION _____

T/A _____

BUSINESS PHONE _____

(OWNER IN FEE) _____

ADDRESS _____

TOWN _____

TELEPHONE () _____

(TENANT) _____

ADDRESS _____

TOWN _____

TELEPHONE () _____

USE GROUP _____

TYPE OF BUSINESS _____

SIGNED _____

OWNER OR TENANT

MUST HAVE COPY OF LICENSE
LETTER OF INTENT
FLOOR PLAN



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Application for C of O/form
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ZONING PERMIT

Completed applications must include plans in accordance with the instruction sheet and applicable fees.

TYPE OF APPLICATION

<input type="checkbox"/> MINOR RESIDENTIAL ALTERATION	<input type="checkbox"/> ALTERATIONS TO MULTI-FAMILY AND/OR	APPT.NO _____
<input type="checkbox"/> RESIDENTIAL RESALE	<input type="checkbox"/> NON-RESIDENTIAL STRUCTURES: SIGNS	DATE: _____
<input type="checkbox"/> RESIDENTIAL ALTERATION	<input type="checkbox"/> NEW NON-RESIDENTIAL STRUCTURE CONSTRUCTION	BLOCK: _____
<input type="checkbox"/> NEW SINGLE-FAMILY STRUCTURE	<input type="checkbox"/> CERTIFICATE OF NON-CONFORMITY	LOT: _____
<input type="checkbox"/> NEW MULTI-FAMILY STRUCTURE	<input type="checkbox"/> CHANGE OF OCCUPANCY	
<input type="checkbox"/> NEW TWO-FAMILY STRUCTURE	<input type="checkbox"/> OTHER DESCRIBE: _____	

1. APPLICANT'S NAME _____ TELEPHONE # _____

APPLICANT'S ADDRESS _____

2. PROPERTY OWNER'S NAME: _____ TELEPHONE # _____

PROPERTY OWNER'S ADDRESS _____

3. LOCATION OF PROPERTY FOR WHICH ZONING PERMIT IS DESIRED: ZONE _____

STREET ADDRESS: _____ BLOCK _____ LOT _____

4. USE OF PROPERTY:

RESIDENTIAL COMMERCIAL OFFICE INDUSTRIAL OTHER

DESCRIBE PRESENT USE: _____

DESCRIBE PROPOSED USE: _____

5. DESCRIBE PROPOSED CONSTRUCTION, ALTERATIONS, ADDITIONS OR CHANGES AT THE SUBJECT SITE: _____

6. IS A CHANGE OF OCCUPANCY OR TENANCY INVOLVED IN THIS APPLICATION: YES...NO (circle one)

7. DO YOU PRESENTLY OWN OR HAVE YOU EVER OWNED PROPERTY ADJACENT TO THE SUBJECT SITE: YES....NO...(circle one)

8. HAS THE SUBJECT PREMISES BEEN THE SUBJECT OF PRIOR APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OR PLANNING BOARD TO THE APPLICANTS KNOWLEDGE..YES...NO...

IF YES, STATE DATE _____ BOARD: _____ RESOLUTION# _____ DISPOSITION OF APPLICATION _____

ALL APPLICATIONS MUST BE SIGNED:

APPLICANT SIGNATURE _____ PRINT NAME (APPLICANT) _____

PROPERTY OWNERS SIGNATURE OF DESIGNATED AGENT _____ PRINT NAME (OWNER) _____

OFFICE USE ONLY:

BASED ON THE INFORMATION SUBMITTED AND THE REQUIREMENTS OF THE TOWNSHIP ZONING ORDINANCE, YOUR APPLICATION FOR A ZONING PERMIT IS HEREBY:

APPROVED: _____ DENIED _____ COMMENT ON DECISION: _____

FRANK DeLORENZO JR.
ZONING OFFICER

DATE: _____