



**Maple Shade Township Housing Inspection**

**200 Stiles Ave Maple Shade, NJ 08052**

**(856)779-9610 – Phone**

**(856)779-2524 - Fax**

**Email: Zoning@MapleShade.com**

**Application for Commercial Certificate of Occupancy (CCO):**

**Official Use Only:**

Date Received \_\_\_\_\_ Inspection Date/Time \_\_\_\_\_ CCO # \_\_\_\_\_

Inspection: PASS \_\_\_\_\_ FAIL \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Inspection \_\_\_\_\_

Inspectors Signature \_\_\_\_\_

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**Note: Complete all sections below (print or type)**

Property Location: \_\_\_\_\_ Block: \_\_\_\_\_ Lot \_\_\_\_\_

Dwelling Type: Single \_\_\_\_\_ Attached \_\_\_\_\_ Zone \_\_\_\_\_ Previous Use \_\_\_\_\_

Owner/Seller: \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Buyer/Tenant: \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Agent: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Square Footage of Business Space: \_\_\_\_\_ Business Type: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ # Employees: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ **Fee Based on Square Footage & Use:** \_\_\_\_\_

Gain Access/Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**Please be advised that all violations are cited from Township of Maple Shade Codes/Ordinances, International Property Maintenance Code, ADA Code, & New Jersey State Housing Code. (failure to abate violations could be subject to court action) by signing I acknowledge that all the above is true and subject to prosecution by the fullest extent of the law.**