

COMMERCIAL

CERTIFICATE OF CONTINUED OCCUPANCY (CCO)

Change of Tenant – Application for Inspection

PLANNING BOARD APPROVAL NECESSARY

Date : _____

Name of Owner: _____

Owner Address & Phone: _____

Property Location: _____

Name of Tenant: _____

Tenant Address & Phone: _____

Description of Business:

FEE: \$ 50.00 (Check Payable to the Borough of Cresskill)

For Office Use

Date Received: _____

Check #: _____

Received by: _____

Batch #: _____

Inspection Date: _____

Inspection Time: _____

*Copy of this application given to Board of Health on _____