

**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 \_\_\_\_\_