

APPLICATION  
FOR COMMERCIAL, RENTAL, RESALE  
CERTIFICATE OF OCCUPANCY (CO)

FEE \$250

**CERTIFICATE OF OCCUPANCY  
TOWNSHIP OF MILLSTONE  
CONSTRUCTION DEPARTMENT  
470 STAGECOACH RD  
732-917-2953 FAX 609-208-2083**

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ SURVEY \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

PHONE # \_\_\_\_\_ APPROX. DATE OF CLOSING: \_\_\_\_\_

PERSON TO CONTACT PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

AGENT INFORMATION \_\_\_\_\_

**OWNER SIGNATURE** *X*

**REASON FOR CHANGE OF OCCUPANCY:**

COMMERCIAL: \_\_\_\_\_ RENTAL \_\_\_\_\_ RESALE \_\_\_\_\_

**FOR OFFICE USE ONLY**

**INSPECTION DATE:** \_\_\_\_\_

( ) BUILDING [P/F] ( ) FIRE [P/F] ( ) ELECTRICAL [P/F] ( ) PLUMBING [P/F]

CN # \_\_\_\_\_ PERMIT # \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ OTHER \_\_\_\_\_

FEES RECEIVED BY \_\_\_\_\_

CONSTRUCTION OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

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Buyer/Tenant Signature

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Buyer/Tenant (Print)

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Buyer/Tenant Signature

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Buyer/Tenant (Print)

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Purchase/Rental Property Address

Email Address \_\_\_\_\_ Telephone# \_\_\_\_\_

**\*\* ALLOW APPROXIMATELY TWENTY (20) BUSINESS DAYS TO COMPLETE THE CERTIFICATE PROCESS \*\*.**

**MONMOUTH COUNTY BOARD OF HEALTH:** INSPECTION REQUIRED ON ALL RENTAL /RESALE  
COMMERCIAL PROPERTIES. 732-431-7456.

**A CERTIFICATE OF OCCUPANCY SHALL BE ISSUED WHEN FOLLOWING:**

1. Water compliance from Monmouth County Health Department.
2. Septic compliance from Monmouth County Health Department.
3. Final approval from Building Subcode Official.
4. Final approval from Electrical Subcode Official.
5. Final approval from Fire Subcode Official.
6. Final approval from Plumbing Subcode Official.