

BLOCK \_\_\_\_\_  
LOT \_\_\_\_\_ QUAL \_\_\_\_\_  
TAXES \_\_\_\_\_ W/S \_\_\_\_\_

**BOROUGH OF LAKE COMO**  
1740 MAIN STREET  
LAKE COMO, NEW JERSEY 07719  
PHONE (732) 681-3232 FAX (732) 681-8981

**Application For A**  
**COMMERCIAL CERTIFICATE OF OCCUPANCY**

- UTILITIES MUST BE IN SERVICE AND ALL WATER, SEWER AND TAXES MUST BE PAID ●
- APPLICATIONS MUST BE COMPLETE AND LEGIBLE OR THEY WILL NOT BE ACCEPTED ●

I hereby request an inspection and issuance of a Certificate of Occupancy as provided for in  
Borough Ordinance #9-4.1, #9-4.2, #9-4.4 and #9-4.5

Name of Buyer or Tenant: \_\_\_\_\_ Phone # \_\_\_\_\_  
Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Owner: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of Inspection: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Date of Closing (for sale): \_\_\_\_\_

Please Check: Sale ( ) Rental ( ) Seasonal ( ) Yearly ( )

Inspection Date Requested: \_\_\_\_\_ NOTE: Inspections are conducted on Thursdays and  
completed applications must be submitted (7) days in advance. Keys must be attached or a representative  
must accompany the inspector.

Describe Type of Business \_\_\_\_\_

FEES: \$120.00 For Rental or Sale of EACH Unit, Building or Structure.  
\$75.00 For Each Re-Inspection over two (2).  
\$50.00 Tourism for EACH RENTAL. (NOTE: Separate Check Required.)  
●●Fees Are Not Refundable●●

Signature of Owner, Seller or \*Agent: \_\_\_\_\_  
\* Agency Name: \_\_\_\_\_ PH# \_\_\_\_\_ Fax# \_\_\_\_\_  
\* Agency Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Buyer or \* Agent: \_\_\_\_\_  
\* Agency Name: \_\_\_\_\_ PH# \_\_\_\_\_ Fax# \_\_\_\_\_  
\* Agency Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*Agent May Sign For A Buyer and/or Seller, but not for a tenant\*

Signature of Tenant: \_\_\_\_\_ (An agent cannot sign for a tenant)

- Failure to obtain a Certificate of Occupancy is punishable by a fine and/or imprisonment●●
- Do Not Write Below This Line. For Official Use Only. ●●

C.O. FEE \_\_\_\_\_ TOURISM FEE \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
C.O.# \_\_\_\_\_ INSPECTED BY \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_