

Pennsauken Township Occupancy Certificate Application

Building Department Economic Development Planning and Zoning

This application is for existing commercial structures, multiple dwellings and vacant or abandoned one or two family dwellings that meet any of the following criteria:

A new owner of the commercial structure or multiple dwelling, a new owner of the commercial tenant, a new commercial tenant, or the one or two family dwelling being vacant or abandoned for more then 6 months.

Application Date: _____ Inspection Date: _____ Reference #: _____
(Office Use Only) (Office Use Only)

Address: _____ Block: _____ Lot: _____

Unit #: _____ Zoning: _____ (You must get this from the Planning and Zoning Dept.)

Number of Buildings: _____ Total square Footage of space: _____
If more than one building, square footage must be given for each building. You may attach the additional information to this form.

Fill out the pertinent information; if not applicable leave the area blank.

Ownership and/or agent information

Current Owner: _____ Current Agent: _____

Address: _____ Address: _____

City: _____ City: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

New Owner: _____ New Agent: _____

Address: _____ Address: _____

City: _____ City: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Current or Prior (if empty) Tenant Information

Current tenant: _____

Current Use or operation _____

Current occupant load: _____

Proposed Tenant Information

Proposed Tenant: _____

Current location of proposed tenant: _____

Current Phone: _____ Current Fax: _____

Proposed tenant's use of the building: _____

Proposed tenant's anticipated occupant load: _____

Applicant Information

Name: _____ Signature: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

E-Mail: _____

Office Use Only

Date received: _____ Fee: _____ Cash: _____ Check #: _____

Actual use group: _____ Construction Type: _____ Occupant Load: _____

Redevelopment Authority Approval _____ Date: _____

Zoning Approval: _____ Date: _____

Township Clerk Approval: _____ Date: _____

Building Department Approval: _____ Date: _____