

**Borough of Spring Lake
Office of Zoning/Code Enforcement**

Phone: (732) 449-0800
Ext. 613
Fax: (732) 449-8797

Permit # _____

423 Warren Avenue
P.O. Box 638
Spring Lake, NJ 07762

COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

() Rental () Sale Date of Occupancy: _____ Zone: _____

Property Address: _____ Level/Unit# _____ Block: _____ Lot: _____

Property Owner's Name: _____ Phone # _____

Mailing Address: _____ City: _____ State: _____

Current Owner's/Tenant's Name: _____ Phone # _____

Mailing Address: _____ City: _____ State: _____

Email Address: _____

New Owner's/Tenant's Name: _____ Phone # _____

Business Name: _____

Mailing Address: _____ City: _____ State: _____

Email Address: _____

Previous Use: _____ Proposed Use: _____

\$15 Application Fee payable to the Borough of Spring Lake

- **A change in use will require additional zoning approval**
- **All non-conforming wall signs, window signs, awnings and lighting must be removed prior to approval.**
- **Copy of lease to be attached**

Owner: _____ Date: _____

Tenant: _____ Date: _____

Agent/Attorney: _____ Date: _____

For Official Use

Received by: _____ Fee: _____ Date: _____

Change in Use: () Yes () No

Approved/Issued by: _____ Date: _____

