



Borough of Emerson  
Fire Prevention  
Bureau  
201-262-6086 ext. 1215

**Application for COMMERCIAL Certificate of Occupancy**  
(Per Ordinance 1617-20)

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Fee: \$250.00

(Closing/Occupancy) Date \_\_\_\_\_

1.	Property Location (Address) _____ Block _____ Lot _____ Zoning Class _____
2.	Name of Seller _____
3.	Name of Owner _____
4.	Name of Buyer _____
5.	Name of Tenant _____
6.	Present or Previous Type Business _____
7.	Proposed Business _____
8.	Description of Operation _____

**I (We) hereby certify that I (We) have read this application thoroughly and agree to conform to the Zoning Ordinance of the Borough of Emerson 290-44.1**

\_\_\_\_\_  
*Signature of Applicant*

**IMPORTANT!** In the event of a schedule change, please provide contact name/number.  
Name: \_\_\_\_\_, Phone: \_\_\_\_\_

Inspected by: _____	Date: _____
Comments: _____	