



Building Department
47 Broad Street
Eatontown, NJ 07724
Phone: (732) 389-7615+0
Fax: (732) 935-1822

APPLICATION FOR A COMMERCIAL CERTIFICATE OF OCCUPANCY
Please call for the fee

Block: _____ Lot: _____

Tenant or Applicant/Trading as: _____

Business Location: _____

Business Owner's Name and Address: _____

E- Mail: _____ Telephone # _____

Building Owner: Name and Address: _____

E-Mail: _____ Telephone # _____

Proposed Use: _____

Area of Allotted Space in Square Feet: Office: _____ Storage: _____ Other: _____

Please include a floor plan including dimensions and use of each space/room pertaining to this application.

Emergency contact and telephone # to be used during normal business hours.

Name: _____ Telephone # _____

Emergency contact and telephone # to be used after normal business hours.

Name: _____ Telephone # _____

Special Instructions: _____

Date: _____ Applicant's Signature: _____

In most cases, a Zoning Permit and a Mercantile License must also be applied for



**Borough of Eatontown
Building Department
47 Broad Street
permits@eatontownnj.com**

Commercial Certificate of Occupancy Fees

1-1000 square feet = \$50
1001-3000 square feet = \$100
3001-5000 square feet = \$125
Over 5000 square feet = \$150

Mercantile Licensing Department
Ashley Yates
ayates@eatontownnj.com



Borough of Eatontown
47 Broad Street
Eatontown, NJ 07724

**CHECKS RECEIVED AFTER JANUARY 31ST WILL BE CHARGED A \$25 LATE FEE!
APPLICATION MUST BE INCLUDED WITH CHECK!**

NEW BUSINESS FEE \$100 ANNUAL RENEWAL FEE \$75 LATE FEE \$25

PLEASE COMPLETE THE ENTIRE APPLICATION LEGIBLY

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL: _____

TYPE OF BUSINESS: _____

ALL LICENSES WILL BE EMAILED TO THE ABOVE BUSINESS EMAIL

BUSINESS OWNER INFORMATION

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

TELEPHONE NUMBER: _____

APPLICANT SIGNATURE _____

_____/_____/_____
DATE



EATONTOWN POLICE DEPARTMENT

47 BROAD STREET

EATONTOWN, NEW JERSEY 07724

732-542-0100

THERESA E. HEALY
CAPTAIN
732-720-2587

EDWARD L. NELSON
DETECTIVE LIEUTENANT
732-389-7643

WILLIAM P. LUCIA, III

CHIEF OF POLICE
732-389-7631



ANTHONY AMODIO, III
SERVICES LIEUTENANT
732-389-7641

BRYAN J. MULHOLLAND
OPERATIONS LIEUTENANT
732-389-7640

Dear Business Owner,

The Eatontown Police Department holds on record names and phone numbers of persons to be contacted in case of an emergency at your place of business. In order for this to be successful, we must have the information on file. This information will only be available to the police department for emergency notifications.

We request that you please complete the information below and promptly mail or fax to the Eatontown Police Department.

List persons to be contacted in case of an EMERGENCY after normal business hours. Emergency numbers must be cell phone numbers or home phone, business phone numbers will not be accepted. We suggest at least three (3) emergency contacts. If possible, please select persons whose TOTAL response time would be thirty (30) minutes or less. **Please fax your completed form to 732-389-0595.**

Business Name: _____

Business Street Address: _____
(Include Suite/Floor#)

Business Phone: _____ **Fax:** _____

Is this building alarmed? **Y** **or** **N**

Type: **Burglar** **Fire** **Hold-Up** **Other**

Name of Alarm Company: _____

If this is a new business replacing an old business, please list the name of the business you are replacing.

Business Name: _____

Emergency After Hours Contact List:

1. _____ **Name** _____ **Town** _____ **Cell#** _____

2. _____ **Name** _____ **Town** _____ **Cell#** _____

3. _____ **Name** _____ **Town** _____ **Cell#** _____

RECORDS
732-389-7635

DETECTIVE BUREAU
732-389-7644

COMMUNITY SERVICE
732-389-7638

TRAFFIC SAFETY
732-389-7830



FIRE PREVENTION BUREAU

47 Broad Street
Eatontown, NJ 07724
732-389-7620
FAX: 732-389-7670
fp@eatontownnj.com

PURSUANT TO EATONTOWN BOROUGH LOCAL ORDINANCE, AND NJAC 5: 70 - 1 ET. Seq. EVERY PERSON OR BUSINESS THAT IS SENT A REGISTRATION APPLICATION MUST RETURN SAME WITHIN FIFTEEN (15) DAYS. SUCH APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. FAILURE TO FILE SAID APPLICATION WILL RESULT IN A MONETARY PENALTY.

PLEASE WRITE LEGIBLY!

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS EMAIL: _____

BUSINESS PHONE NUMBER: _____ SQUARE FOOTAGE: _____

EMERGENCY CONTACT NAME: _____ NUMBER: _____

EMERGENCY CONTACT NAME: _____ NUMBER: _____

BUSINESS OWNER INFORMATION

BUSINESS OWNER'S NAME: _____

BUSINESS OWNER'S PHONE NUMBER: _____

BUSINESS OWNER'S EMAIL ADDRESS: _____

BUSINESS OWNER'S MAILING ADDRESS: _____

FIRE ALARM COMPANY NAME: (if applicable) _____ PHONE NUMBER: _____

MANAGER NAME/PHONE NUMBER: _____

BUILDING OWNER INFORMATION

BUILDING OWNER'S NAME: _____

BUILDING OWNER'S MAILING ADDRESS: _____

BUILDING OWNER'S PHONE NUMBER: _____

BUILDING OWNER EMAIL ADDRESS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE:

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

**BUSINESS OWNER MUST SUPPLY A KEY FOR THE KNOX BOX. IF KEY IS
CHANGED, BUSINESS OWNER MUST NOTIFY EATONTOWN FIRE PREVENTION.**