



TOWNSHIP OF NORTH BERGEN

CODE ENFORCEMENT OFFICE - ROOM 208

4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
(201) 392-2051 • FAX: (201) 864-0208

CCO#: _____

CERTIFICATE OF COMPLIANCE / CONTINUED OCCUPANCY

INSPECTION DAY _____ FEE _____
DATE _____ REC'D BY _____

PROPERTY IDENTIFICATION

BLOCK _____ LOT _____
PROPERTY ADDRESS _____
APT. # _____ FLOOR _____
TOTAL # OF APTS. IN BUILDING _____
IS THIS APPLICATION FOR A SALE _____ RE-FINANCE _____ RENTAL _____ OTHER _____
LIST REASON: _____

PROPERTY OWNER INFORMATION

NAME _____
HOME ADDRESS _____
CITY / STATE / ZIP CODE _____
TELEPHONE# HOME _____ BUSINESS _____

THE INDIVIDUAL NAME & HOME ADDRESS OF THE OWNER MUST BE LISTED.

NEW OWNER OR TENANT INFORMATION

NAME _____
HOME ADDRESS _____
CITY / STATE / ZIP CODE _____
TELEPHONE# HOME _____ BUSINESS _____
NAME AND AGES OF ALL OCCUPANTS:

SIGNATURE OF OWNER OR AGENT _____ DATE _____

FOR OFFICE USE ONLY

ZONING _____ CURRENT USE _____
RECORDED USE _____
SPECIAL NOTATIONS _____
CONFORMING _____ NON-CONFORMING _____
TAX CERTIFICATION _____
INSPECTOR _____ INSPECTION DATE _____

THE OWNER / CERTIFIED AGENT MUST COMPLETE THIS FORM.

INSPECTION REPORT

INSPECTION DATE _____ DAY _____ CCO# _____

BLOCK _____ LOT _____

PROPERTY ADDRESS _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

TELEPHONE #'S _____

NEW OWNER / TENANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE #'S _____

USE OF PROPERTY _____ UNIT # _____

ENTER IF RENTAL

CHECK ONE
SALE _____ RENTAL _____ OTHER _____

FIRST FLOOR _____

SECOND FLOOR _____

THIRD FLOOR _____

BASEMENT _____

ATTIC _____

ADD'L FLOORS _____

INSPECTION DATE _____

APPROVED _____ DENIED _____

REMARKS _____

INSPECTOR'S SIGNATURE _____

TAX DEPARTMENT CERTIFICATION

ADDRESS _____ BLOCK _____ LOT _____ QUAL. _____

ACCOUNT # _____

DISPOSITION OF ACCOUNT _____

VERIFIED BY: _____ DATE _____