

Construction Department
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Center



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Voorhees, NJ 08043

www.voorheesnj.com

Certificate of New Tenant Occupancy/ Certificate of New Ownership Occupancy for Commercial Properties

Keep this page for your records.

This form is required for new commercial tenants and/or commercial property owners who are not undertaking any construction work that requires a permit. Please fill out this application in its entirety. **The attached Maximum Occupancy Load Form also needs to be filled out and returned to the Construction Official to review it.** *(The Maximum Occupancy Load Form is not required to be filled out if this is for a change of ownership.)* Once it is approved the State of New Jersey Uniform Construction Code 5:23-3.5 requires this placard to be permanently posted and securely fastened to the structure.

CO Fee of \$180 is due upon submission.

The following is a list of some examples of what our inspector will be checking during the CCO inspection. This list is just a **guideline** and is **not all inclusive** of all items to be inspected, nor do all of these items apply to every building/suite.

Building	Electric	Plumbing
<ul style="list-style-type: none"> • Check all exits (all exits must be kept clear and in operable condition.) • Check egress lighting (must be in working order) • Handrails (must be installed if required) 	<ul style="list-style-type: none"> • Check for any electrical hazards. • Check panel for missing or open breakers. • Check for open or exposed wires. • Remove all extension cords. • Check for GFCIs (if required) • Clearance to electric panel 36" 	<ul style="list-style-type: none"> • Check heating equipment for proper venting. • Boilers, backflow devices on water supply to boilers. • Furnaces • Hot Water Heater, pressure relief valve piping • All fixtures are in working order.
<p>Fire →</p>	<ul style="list-style-type: none"> • Check all emergency exit and emergency lighting • Check suppression system (must be inspected and tagged) • Check alarm system (must be serviced and tagged) • Proper location of extinguishers (must be hung and tagged) • Proper storage clearances: Sprinklers 18", Heating equipment 36" 	

**Certificate of New Tenant Occupancy/ Certificate of New Ownership Occupancy
for Commercial Properties**

Date: _____

Is this application for (circle all that apply):

- Change of Tenant
- Change of Business Ownership
- Change of Ownership of Building/ Condo Space

Property Information

Block: _____ Lot: _____ Suite/Unit #: _____

Property Address: _____

Tenant/ New Owner Information

Name of Business *or* New

Owner: _____

New Owner Address: _____

Contact Person for this application: _____

Phone # _____

Email address: _____

New Tenant and/or Change of Business Ownership-List type of business/ proposed use:

Square footage of Tenant space: _____ Construction Use Group: _____

Maximum Occupancy Requested: _____

Number of bathrooms in tenant space (or number of bathrooms in building if shared): _____

Describe previous Business or use of the building:

This section is to be completed by any establishment that prepares, serves, sells and/or manufactures food.

Have you contacted the County Board of Health for requirements for your establishment?

Circle one: Yes No

In the event that you have not yet contacted them please contact:

[Camden County Department of Health and Human Services: Division of Environmental Health](#)

DiPiero Center, Suite #325

512 Lakeland Road Blackwood, NJ 08012

Phone: 856-374-6052 Fax: 856-374-6211

environmental.health@camdencounty.com

Please note that this application does not include approval to install signs for your business. Zoning sign permits and construction permits are required for any exterior signs.

Applicant understands that any false information will void this application.

I am the (circle one please) *Property owner, Tenant, Other (specify:_____)*

submitting this application.

Signature/Date: _____

For Office Use Only:

Payment method (Cash, Check #, CC): _____ Date Paid: _____

Zoning Approval Date: _____



MAXIMUM PERMITTED OCCUPANT LOAD _____ PERSONS

Name of Building / Room or Specific Location

Use Group: _____ **Construction Type:** _____ **Live Load:** _____ psf

Business Name _____

Address _____

Construction Official _____

This sign shall be posted conspicuously near the main entrance. State of New Jersey Uniform Construction Code 5:23-3.5 requires this placard to be permanently posted and securely fastened to the structure.