City of Linden
Construction Code
301 North Wood Avenue, Room 204
Linden, NJ 07036
908-474-8460

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY – $200

BLOCK _____ CERTIFICATE# _____

LOT _____ DATE _____

ZONE _____ USE GROUP _____

PLEASE PRINT ALL INFORMATION

APPLICANT'S NAME _____ HOME PHONE _____

HOME ADDRESS _____

BUSINESS NAME _____ BUSINESS PHONE _____

SITE ADDRESS _____

LOCATION WITHIN BUILDING (IF APPLICABLE):

☐ FIRST FLOOR ☐ SECOND FLOOR ☐ FRONT ☐ REAR ☐ LEFT SIDE ☐ RIGHT SIDE

DESCRIPTION OF YOUR BUSINESS _____

_____

PRIOR USE OF PREMISES _____

_____

. . . . . .

FOR OFFICIAL USE ONLY

ZONING APPROVAL _____

PROPERTY MAINTENANCE APPROVAL _____

SUBJECT TO _____

☐ SENT TO FIRE DEPARTMENT ☐ BOARD OF HEALTH ☐ LICENSING

WEIGHTS & MEASURES _____ INSPECTION TIME & DATE _____

. . . . . .

APPLICANT'S NAME (PLEASE PRINT) _____

APPLICANT'S SIGNATURE _____

NOTICE: ANY BUILDING, ELECTRIC, PLUMBING, OR FIRE PROTECTION WORK, OR ALTERATIONS DONE TO THESE PREMISES REQUIRE PERMITS. FINES AND PENALTIES ARE MANDATORY UNDER THE NEW JERSEY UNIFORM CONSTRUCTION CODE ACT FOR WORK WITHOUT PERMITS.

. . . . . .

OPEN PERMITS ☐ YES ☐ NO CASH RECEIPT #: _____

(PLEASE ATTACH) CHECK # _____

COLLECTED BY: _____

EQUAL OPPORTUNITY EMPLOYER

City of Linden
Police Department
Linden P.B.A. Local #42
301 North Wood Avenue
Linden, NJ 07036
908-474-8500

BUSINESS EMERGENCY CONTACT FILE

BUSINESS NAME _____

BUSINESS ADDRESS _____

IN LINDEN. IF YOUR MAIN OFFICE IS IN ANOTHER CITY, USE ONE OF THE CONTACT AREAS BELOW TO SHOW THAT ADDRESS AND PHONE NUMBER.

BUSINESS PHONE #1 _____ #2 _____

LIST PHONE NUMBERS AT YOUR SITE IN LINDEN.

NATURE OF BUSINESS (OPTIONAL) _____

EX: MANUFACTURING, WAREHOUSE, RETAIL, WHOLESALE FOOD, CLOTHING, MV REPAIR/SALES, CONTRACTOR, RELIGIOUS, JEWELRY, IMPORT/EXPORT, ETC.

. . . . . .

CONTACT #1

NAME _____ TITLE _____

HOME ADDRESS _____

PLEASE PROVIDE COMPLETE ADDRESS IN CASE WE MUST SEND SOMEONE TO YOUR HOME IN AN EMERGENCY, THANK YOU.

HOME PHONE _____ SECOND PHONE _____

. . . . . .

CONTACT #2

NAME _____ TITLE _____

HOME ADDRESS _____

PLEASE PROVIDE COMPLETE ADDRESS IN CASE WE MUST SEND SOMEONE TO YOUR HOME IN AN EMERGENCY, THANK YOU.

HOME PHONE _____ SECOND PHONE _____

. . . . . .

CONTACT #3

NAME _____ TITLE _____

HOME ADDRESS _____

PLEASE PROVIDE COMPLETE ADDRESS IN CASE WE MUST SEND SOMEONE TO YOUR HOME IN AN EMERGENCY, THANK YOU.

HOME PHONE _____ SECOND PHONE _____

. . . . . .

CONTACT #4

NAME _____ TITLE _____

HOME ADDRESS _____

PLEASE PROVIDE COMPLETE ADDRESS IN CASE WE MUST SEND SOMEONE TO YOUR HOME IN AN EMERGENCY, THANK YOU.

HOME PHONE _____ SECOND PHONE _____