

**COMMERCIAL BUILDING C.C.O.
APPLICATION CHECK LIST WITH WORK & SAME USE**

- 1. ZONING APPROVAL.
- 2. ATTACHED COMMERCIAL APPLICATION TO BE FILLED OUT WITH ALL REQUIREMENTS BEING MET. (INSPECTIONS AND OUTSIDE AGENCY DOCUMENTS)
- 3. PROOF OF OWNERSHIP OR PERMISSION LETTER FROM THE PROPERTY OWNER WHEN LEASING FOR CONSTRUCTION.
- 4. 2 SETS OF ARCHITECTURALLY OR ENGINEERED SEALED PLANS SHOWING:
 - A. OPPOSING OCCUPANCIES ON ALL SIDES
 - B. OCCUPANCY LOAD
 - C. LIVE AND DEAD LOADS
 - D. USE GROUP
 - E. CONSTRUCTION TYPE
 - F. ALL CONSTRUCTION, AND IF ANY DEMOLITION BEING DONE
- 5. 2 SETS OF DRAWINGS AND SPECIFICATIONS FOR ALL MECHANICAL SYSTEMS, IF NOT SHOWN ON THE SEALED PLANS.
- 6. TECHNICAL CARDS AS REQUIRED & COMPLETED JACKET
 - A. BUILDING
 - B. ELECTRIC – SEALED
 - C. FIRE – COPY OF LICENSE FOR ALARM & SUPPRESSION
 - D. PLUMBING – SEALED
- 7. REVIEW AND APPROVAL FROM THE OCEAN COUNTY HEALTH DEPARTMENT FOR ALL KITCHEN RENOVATIONS.
- 8. APPROVAL FROM M.U.A. FOR ALL NEW HOOK-UPS.
- 9. VERIFICATION AND APPROVAL FROM THE OCEAN COUNTY HEALTH DEPARTMENT FOR INCREASED SEPTIC FLOW. (If applicable)

THIS PACKAGE WILL BE SUBMITTED TO THE SUBCODES FOR REVIEW

95 West Veterans Highway
Jackson, NJ 08527
(732) 928-1200 Ext. 205
(732) 928-7861 Fax

Township of Jackson
Division of Inspections
Commercial C.C.O.

Date Received: _____
C.C.O. No.: _____

BLOCK _____ LOT _____ Resale _____

Address To Be Inspected _____ Rental _____

Name Of Owner _____

Address Of Owner _____

Owners Home Phone _____ Owners Business Phone _____

Owners Fax Number _____ Other Phone Number _____

Agent's Name _____

Agent's Phone _____ Agent's Fax Number _____

Present Business Type _____ Business Name _____

Proposed Business Type _____ Business Name _____

Food Handler Retail _____ Wholesale _____ Open Permits Y ___ N ___
See back for yes

Type Of Water Supply Public _____ Well _____ Photo Date _____

Type Of Sewer System Public _____ Septic _____ Business Unit No. _____

Use Group _____ Live Load _____ Occupant Load _____

Print Name Of Owner Or Agent _____

Signature Of Owner Or Agent _____

Building Reviewer _____ Approved _____ Denied _____ Date _____

Electrical Reviewer _____ Approved _____ Denied _____ Date _____

Fire Reviewer _____ Approved _____ Denied _____ Date _____

Plumbing Reviewer _____ Approved _____ Denied _____ Date _____

Inspection Fee \$150.00 Date Paid _____ Cash _____ Check # _____ Receipt # _____

Reinspection Fee \$50.00 Date Paid _____ Cash _____ Check # _____ Receipt # _____

Reinspection Fee \$50.00 Date Paid _____ Cash _____ Check # _____ Receipt # _____

Building Inspection Date Passed _____ Inspector _____

Electric Inspection Date Passed _____ Inspector _____

Fire Inspection Date Passed _____ Inspector _____

Plumbing Inspection Date Passed _____ Inspector _____

Scheduled Inspection Date: _____ Reinspection Date: _____

Comments: _____

COMMERCIAL INSPECTION CHECKLIST
PLEASE SCHEDULE INSPECTIONS TWO WEEKS BEFORE OCCUPANCY

UTILITIES:

- ALL UTILITIES must be turned on and operable.
- ALL MAJOR APPLIANCES must be on and operational.
- Upon inspection, hot and cold water must be available.
- M.U.A. approval for service (water & sewer)

CERTIFICATIONS:

- Well water certification approved by the Ocean County Health Department.
- Fire alarm certification, if present.
- Sprinkler alarm certification, if present.
- Backflow preventor certification, if present.
- Boiler system certification, if present.
- Elevator certification, if present.
- Kitchen hood system certification, if present.

GENERAL:

- Check conditions of entrance stairs, platforms and railings
- Guards & rails required on stairways with three (3) or more steps.
- Double cylinder, keyed dead bolts are prohibited.
- Exhaust fans must be operational.
- Windows must be operational.
- No holes in walls, ceilings or floors.
- General maintenance of interior and exterior (painting)
- Structural cracks.
- Leaking roofs.
- All doors must be operational.
- Metal waste cans, must be available.
- All heating equipment must be operational.
- Utilities, meters and valves require protection from vehicles

ELECTRICAL:

- All switches and receptacles shall have their cover plates in place
- Any outlet within 6 feet of a sink must be GFI protected, if required.
- No open electrical wiring, all out of service wiring to be removed.
- Panel box shall not have open slots.

PLUMBING:

- All plumbing to be checked for leaks.
- Tap water, hot and cold shall be operational.
- Water cooler, if required.