

**COMMERCIAL BUILDING C.C.O.
APPLICATION CHECK LIST
TOWNSHIP ORDINANCE #10-05
CHAPTER 45**

TURN-KEY (NO WORK - SAME USE)

- 1. ZONING APPROVAL.
- 2. PROOF OF OWNERSHIP OR PERMISSION LETTER FROM PROPERTY OWNER WHEN LEASING/RENTING.
- 3. ATTACHED APPLICATION FOR CONTINUOUS CERTIFICATE OF OCCUPANCY (INFORMATION MUST BE PROVIDED: USE GROUP, OCCUPANCY LOAD, MAX. LIVE LOAD)
- 4. LETTER OF SERVICE VERIFICATION FROM THE JACKSON TOWNSHIP M.U.A. (CITY SEWER & WATER)
OR
COPY OF WATER CERTIFICATION TESTED BY A CERTIFIED LAB, APPROVAED BY OCEAN COUNTY HEALTH DEPT, PURSUANT TO OCEAN COUNTY ORDINANCE 94-1, SECTION 10. (WELL WATER)
- 7. RETAIL FOOD HANDLER: MUST REGISTER WITH THE TOWNSHIP'S CLERKS OFFICE. (COPY TO BE PROVIDED)
- 8. RETAIL FOOD HANDLER: MUST BE INSPECTED BY THE OCEAN COUNTY HEALTH DEPARTMENT. (COPY TO BE PROVIDED)
- 9. WHOLESALE FOOD HANDLER: MUST BE INSPECTED BY THE STATE HEALTH DEPARTMENT. (COPY TO BE PROVIDED)
- 10. UPON RECEIPT OF A COMPLETE PACKAGE, THE FEE OF \$150 WILL BE COLLECTED AND A RECEIPT ISSUED.
- 11. APPLICANT MUST SCHEDULE PHOTO SHOOT INSPECTION AND SCHEDULE FINAL BUILDING, ELECTRIC, FIRE & PLUMBING INSPECTIONS

THIS PACKAGE WILL BE PROCESSED AT THE COUNTER

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 ___

Type Of Water Supply Public _____ Well _____ See back for yes

Type Of Sewer System Public _____ Septic _____ Photo Date _____

Use Group _____ Live Load _____ Occupant Load _____ Business Unit No. _____

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.