



OFFICE HOURS:  
8:00-4:30 Mon.-Fri.

# Township of Lakewood

## DEPARTMENT OF INSPECTIONS

212 FOURTH STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-3760  
FAX: 732-905-8112

MICHAEL SACCOMANNIO  
Construction Official  
Director Code Enforcement  
& Zoning

### CERTIFICATE OF OWNERSHIP OF APPLICANT

#### AS REQUIRED BY THE REVISED GENERAL ORDINANCE OF LAKEWOOD TOWNSHIP

(Chapter 15- Section 3.2)

Listed below are names, addresses, and phone numbers of all owners of 10% of more of the stock/interest\* in the undersigned applicant corporation partnership. First person listed, copy of valid photo ID is required.

Corporation/ Partnership Name: \_\_\_\_\_

1. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
5. Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Please check the appropriate box:

Corporation of N.J. ( )

Partnership ( )

LLC of N.J. ( )

Other ( ) Explain: \_\_\_\_\_

\* Where corporation partnership own 10% of more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names, addresses, and phone numbers of the non-corporate stockholders individuals partners exceeding the 10% ownership have been listed.

Signature of Officer/Partner \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Signature \_\_\_\_\_