



Township of Lakewood

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

MICHAEL SACCOMANNO
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 and addresses 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: _____

- | Partners Name: | Address: |
|----------------|----------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

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 and addresses of the non-corporate stockholders individuals partners exceeding the 10% ownership have been listed.

Signature of Officer/Partner

Date

Print Name of Signature